



DuPage ETSB DEDIR System Access Application

AGENCY INFORMATION	
Type of Application:	<input checked="" type="checkbox"/> New <input type="checkbox"/> Modification
NAME OF AGENCY:	Rosemont Public Safety
POINT OF CONTACT:	Gio Lappano
BUSINESS ADDRESS	9501 Technology Blvd Rosemont, IL 60018
EMAIL ADDRESS:	lappanog@villageofrosemont.org
BUSINESS TELEPHONE:	(847) 823-1134
MOBILE TELEPHONE:	
APPLICATION INFORMATION	
Please complete the following information	
The Applicant is a unit of local government	Yes
If no, explain: (use a separate sheet if necessary)	
The Applicant is requesting access to DEDIR System for certified sworn police personnel or certified fire service personnel or community service officers.	Yes
The Applicant is requesting monitoring capabilities only	No
The Applicant is a member of STARCOM21	Yes
The Applicant understands and accepts that any fees or cost incurred for programming will be the responsibility of the Applicant.	Yes
Applicant Equipment Information	
The total number of portable radios (portable and mobile) covered under this request is:	150
The total number of radios which will be affiliated during any daily operational shift is:	50
Do the radios have TDMA?	Yes
Do the radios have encryption: <input type="checkbox"/> No <input checked="" type="checkbox"/> AES encryption	
Type of radios to be programmed with a DEDIRS talk group: APX Next	
The Applicant is requesting use of:	
<input checked="" type="checkbox"/> InterOp Groups 1-8	<input checked="" type="checkbox"/> DUCALL (Hailing Channel for ACDC Agencies only)
<input checked="" type="checkbox"/> Any additional talk groups. List on a separate sheet include an explanation as to the need (ie: daily mutual aid etc.)	

Committee/ETSB Board Review Process Checklist:

Applicant has submitted proper paperwork	[] Yes [] No
Vendor Technical Review of Application Complete	
14 Day Notice to Members is complete	[] Yes [] No
Posted on Committee Agenda Date: _____	[] Yes [] No
Vote of Committee: Ayes _____ Opposed _____ Abstain _____ Absent _____	Approved
Action or Direction Based on Vote: [ie TOT ETSB, request additional information, denied]	[] Yes [] No
Posted on ETSB Agenda Date: _____	[] Yes [] No
Vote of ETSB Board: Ayes _____ Opposed _____ Abstain _____ Absent _____ Resolution No: _____	Approved
	[] Yes [] No