



## DuPage ETSB DEDIRS Access Application

AGENCY INFORMATION	
<b>Type of Application:</b>	<input type="checkbox"/> New <input type="checkbox"/> Modification
<b>NAME OF AGENCY:</b>	
<b>POINT OF CONTACT:</b>	
<b>BUSINESS ADDRESS</b>	
<b>EMAIL ADDRESS:</b>	
<b>BUSINESS TELEPHONE:</b>	
<b>MOBILE TELEPHONE:</b>	

APPLICATION INFORMATION		
Please complete the following information	YES	NO
The Applicant is a unit of local government		
If no, explain: (use a separate sheet if necessary)		
The Applicant is requesting access to DEDIRS for certified sworn police personnel or certified fire service personnel or community service officers.		
The Applicant is requesting monitoring capabilities only		
The Applicant is a member of STARCOM21		
The Applicant understands and accepts that any fees or cost incurred for programming will be the responsibility of the Applicant.		

Applicant Equipment Information	
The total number of portable radios (portable and mobile) covered under this request is:	
The total number of radios which will be affiliated during any daily operational shift is:	
Do the portable radios have encryption: <input type="checkbox"/> No <input type="checkbox"/> AES encryption	
Type of radios to be programmed with a DEDIRS talk group:	
The Applicant is requesting use of: <input type="checkbox"/> InterOp Groups 1-8, <input type="checkbox"/> Any additional talk groups. List on a separate sheet include an explanation as to the need (ie: daily mutual aid etc. )	

### Committee/ETS Board Review Process Checklist:

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



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DUPAGE ETSB  
CONFIDENTIALITY AGREEMENT FOR USE ON  
DU PAGE EMERGENCY DISPATCH INTEROPERABLE RADIO SYSTEM (DEDIR SYSTEM)  
ON STARCOM 21

As the authorized agent of this agency, I certify that any members of the applicant agency have been:

1. Understand the confidentiality of information that they may learn or have access to over encrypted talk groups of the DEDIR System which is of personal, safety-sensitive or otherwise confidential in nature. Such information includes, but is not limited to incident report information, NCIC/LEADS information, Computer Aided Dispatch/RMS information, and other law enforcement or police related information.
2. Trained that the restrictions of the Confidentiality Agreement regarding disclosure and use of information gained using the DEDIR System shall continue to apply after termination of this relationship with the DEDIR System.
3. Understand that they are prohibited from using any of this information for personal use or benefit or for any other non-Police/public safety business related purposes.
4. Understand that the failure to comply with the confidentiality requirement set forth in this Confidentiality Agreement is actionable, up to and including termination of access to encrypted talk groups.

I have read and understand the access agreement and attest that the members of this agency have been trained and understand they must comply with it in every respect. A list of employees who are party to this agreement is attached to this application.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Full Name

\_\_\_\_\_  
Agency