

DuPage ETSB DEDIRS WAVE Access Application

AGENCY INFORMATION				
Type of Application:	[X] Initial [] Modification			
DATE:	08/31/2024			
NAME OF AGENCY:	Clarendon Hills Fire Department			
POINT OF CONTACT:	Fire Chief Michael Korzen			
BUSINESS ADDRESS:	316 Park Ave, Clarendon Hills IL 60514			
EMAIL ADDRESS:	mkorzen@clarendonhills.us			
BUSINESS TELEPHONE:	630-286-5431			
MOBILE TELEPHONE:	630-286-0355			
APPLICATION INFORMATION				
Please complete the following information			YES	NO
The APP will not be used for first line user dispatch since it has a lower priority on the system			X	
The Applicant understands that the cost for the APP is the Applicant's responsibility			X	
The Applicant understands that any changes must be provided according to policy.			X	
The Applicant has received DEDIRS Policy 911-005.11: WAVE Use on DEDIRS and all users under this application have read and will comply with the policy.			X	
APPLICATION CHECKLIST				
Note: The application cannot be approved by STARCOMM21 or ETSB without the required documents listed below				
The Applicant has provided the following as part of this application:			YES	
WAVE Support Limitation and Disclaimer, executed (one per agency)*			X	
Mobile Device Security Policy Page 9, executed (one per individual user)*			X	
Completed WAVE User Mobile Worksheet*			X	
DEDIRS Policy 911-005.11: WAVE Use on DEDIRS Attachment A: Policy Compliance Form (one per individual user)			X	
** Items below are for Users without a Motorola billing account only **			N/A	YES
STARCOMM21 Government User Agreement				
STARCOM21 User Information Form				
Approvals			NO	YES
Policy Advisory Committee				

I am submitting this application on behalf of my organization and the users represented herein. I certify that I am authorized to act on behalf of my organization for this application and that the information provided is correct to the best of my knowledge.

 Applicant Point of Contact Signature

Date: 09-03-2024