



## DuPage ETSB DEDIR System Access Application

| AGENCY INFORMATION                                                                                                                                          |                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Type of Application:                                                                                                                                        | <input type="checkbox"/> New <input checked="" type="checkbox"/> Modification                |
| NAME OF AGENCY:                                                                                                                                             | Naperville Police Department                                                                 |
| POINT OF CONTACT:                                                                                                                                           | Chief Jason Arres                                                                            |
| BUSINESS ADDRESS:                                                                                                                                           | 1350 Aurora Av                                                                               |
| EMAIL ADDRESS:                                                                                                                                              | arresj@naperville.il.us                                                                      |
| BUSINESS TELEPHONE:                                                                                                                                         | (630) 420-6161                                                                               |
| 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:                                                                    | 405                                                                                          |
| The total number of radios which will be affiliated during any daily operational shift is:                                                                  | 45                                                                                           |
| 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:                                                                                                   | Motorola APX Next, APX8500, APX N30, Harris P7300, <input checked="" type="checkbox"/> V1405 |
| The Applicant is requesting use of:                                                                                                                         |                                                                                              |
| <input checked="" type="checkbox"/> InterOp Groups 1-8                                                                                                      | <input 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/ETS 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 |