DuPage ETSB DEDIR System Access Application

AGENCY INFORMATION	
Type of Application:	[☐] New [☑] Modification
NAME OF AGENCY:	Northwestern Medicine Central DuPage Hospital Mobile Stroke Unit
POINT OF CONTACT:	Keely Buffo
BUSINESS ADDRESS	25 N Winfield Rd, Winfield, IL 60190
EMAIL ADDRESS:	keely.buffo@nm.org
BUSINESS TELEPHONE:	(630) 933-6881
MOBILE TELEPHONE:	

APPLICATION INFORMATION	
Please complete the following information	
The Applicant is a unit of local government	No
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:	5
The total number of radios which will be affiliated during any daily operational shift is:	5
Do the radios have TDMA?	No
Do the radios have encryption: [☐] No [☑] AES encryption	
Type of radios to be programmed with a DEDIRS talk group: Motorola APX Series	
The Applicant is requesting use of: [☑] InterOp Groups 1-8 [☐] DUCALL (Hailing Channel for ACDC Agencies only) [☑] 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_____ Action or Direction Based on Vote: [ie TOT ETSB, request additional information, denied]	Approved [ ] Yes [ ] No
Posted on ETSB Agenda Date:_____	[ ] Yes [ ] No
Vote of ETSB Board: Ayes_____ Opposed_____ Abstain_____ Absent_____ Resolution No:	Approved [ ] Yes [ ] No