



STATE OF OKLAHOMA
DEPARTMENT OF PUBLIC SAFETY
COMMUNICATIONS AND ELECTRONIC SERVICES
RADIO OPERATIONS CENTER



Instructions

Requestor Information

- **Requestor:** The Requestor must be authorized to act on behalf of the listed Governmental Entity.
- **After-Hours Phone Number:** The After-Hours Phone Number is for when urgent matters concerning the radios need to be discussed outside of normal business hours.

Radio Information

- **Swap:** A Swap is exchanging a radio currently on the system for a newly acquired radio. The same Radio ID is reused. The serial number will be updated to the Radio ID and the previous radio will need to be deprogrammed.

Emergency

- **Emergency Alarm – Enable/Disable:** Only select Enable if your Governmental Entity has a 24/7 radio monitoring agency.
- **Dispatch Entity & Phone Number:** If Emergency Alarm is Enabled, then list the name and phone number of the Dispatch Entity that will be monitoring the Emergency Alarms.

Submit By Email will only work if there is a default email application set. If the button does not do anything, please save this document, create a new email, attach the saved document, and email it to okwin@dps.ok.gov.



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ID REQUEST

(Please fill out the form as completely and accurately as possible)

REQUESTOR INFORMATION			
Last Name:	First Name:	Governmental Entity:	
Street Address:	Phone Number: ()	After-Hours Phone Number: ()	
City:	State:	ZIP Code:	
Email:			

RADIO INFORMATION							
Make:	Model:	Quantity:	Swap?	Make:	Model:	Quantity:	Swap?
			Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>

EMERGENCY	
Emergency Alarm: <input type="checkbox"/> Disable <input type="checkbox"/> Enable;	Dispatch Entity: _____
Phone Number: _____	

STATEMENT OF AUTHORIZATION	
The Signatory of this Statement of Authorization HEREBY CERTIFIES that he/she is authorized by the above named Governmental Entity ["Entity" hereinafter] to sign this document for and on behalf of the above named Entity. Said Entity certifies that all the above information is true and correct to the best of said Entity's knowledge.	
_____ <i>Signature of Authorized Representative of Entity</i>	_____ <i>Printed Name</i>
_____ <i>Title</i>	_____ <i>Date Signed</i>