



MISSOURI DEPARTMENT OF PUBLIC SAFETY
MISSOURI INTEROPERABILITY CENTER
REQUEST FOR INFORMATION

Or follow instructions at the bottom
of form to submit by fax or mail.

Date: _____

Requesting Agency: _____

Type of Request

- ☐ Request for general MOSWIN information
- ☐ Request for system compatible radio information
- ☐ Request for membership information
- ☐ Other _____

Type of Agency

First Responder

- ☐ Law Enforcement
- ☐ Fire Department
- ☐ Emergency Medical Service
- ☐ Homeland Security
- ☐ Communications Center
- ☐ Other _____

Emergency Response Support

- ☐ Transportation
- ☐ Support - Red Cross, Salvation Army, etc.
- ☐ Weather Service
- ☐ Public Works
- ☐ Court Services
- ☐ Regulatory
- ☐ Other _____

Current Radio System ☐ Agency owned ☐ Mutual Aid ☐ Proprietary ☐ None

Reason for Request: A non-governmental entity shall apply for MOSWIN Membership with the sponsorship of a public safety agency, attach letter from Sponsoring public safety agency.

Name of individual completing request: _____

Title: _____

Address: _____

Phone: _____

E-mail address: _____

Signature _____

Please submit the completed form by clicking "Submit by Email" button in the upper right hand corner. You may also print, scan and email to moswin.sysadmin@dps.mo.gov, submit completed form by fax 573-526-1632 or by mail to:

Missouri Interoperability Center
2413 East McCarty
Jefferson City, MO 65101