



Date: _____

Agency Requesting Talkgroup Access: _____

Agency Authorizing Talkgroup Access: _____

- Reason for Request:
- Add Talkgroup(s) to Radios
 - Scan Talkgroups
 - Other _____

I. Request permission to access the following talkgroups

Talkgroup Name	Talkgroup ID Number	Encryption

Add Another Talkgroup

II. Request permission to SCAN/ MONITOR the following talkgroups

Talkgroup Name	Talkgroup ID Number	Request for Receive Only

Add Another Talkgroup

III. Request permission to access encryption on the following talkgroups

Talkgroup Name	Talkgroup ID Number	CKR/SLN	Encryption Type

Add Another Talkgroup

IV. Other Request/ Requirements (Explain)

V. Reason for Request *(Attach supporting documentation if necessary)*

Name of individual completing request: _____

Title: _____

Address: _____

Phone: _____ E-mail address: _____

Signature _____



MISSOURI DEPARTMENT OF PUBLIC SAFETY
 MISSOURI INTEROPERABILITY CENTER
AUTHORIZATION TO USE NON-OWNED TALKGROUPS

******This Section for Authorizing Agency use only******

Request Approved Request Approved with Conditions Denied

Conditions:

Name of Authorizing Agency Individual: _____

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

Zone Authorizing Signature: _____ Date _____

The above authorization is only required for agencies requesting access to non-owned talkgroups within Zone 2 (Saint Louis area) or Zone 4 (Springfield/Greene County).

******This Section for MOSWIN System Administration use only******

MOSWIN Review and Approval Date:

Date Received:

Date Completed:

For Internal Use Only

LOI Date: _____

MA Date: _____