



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](mailto: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

**\*\*\*\*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: \_\_\_\_\_