



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

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: _____



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*******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: _____