



Originating Agency: **Missouri Interoperability Center**  
 Department of Public Safety  
 2413 East McCarty Street  
 Jefferson City, MO 65101

Recipient Agency: **Agency Name:** \_\_\_\_\_  
 Agency Address: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Installation Verification**

Acceptance of equipment from the MoSCAP grant process requires that recipients must install equipment within 90 days of receipt. Please complete installation and testing information and return to the Originating Agency address provided above.

Serial Number	Equipment Type/ Description
	Motorola APX 7500 Dual-band Radio
Installation Date: _____ Installation completed by (name and vendor if applicable): _____ Radio voice test completed on (date): _____ Voice test completed by (please provide name and vendor if applicable): _____ Agency contacted during voice test: _____ Does your agency plan to program conventional channels into this radio: <input type="radio"/> Yes <input type="radio"/> No	
	Motorola APX 7500 Dual-band Radio
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