

# AWIN Talkgroup Permission Agreement

**Talkgroup Controlling Agency:** \_\_\_\_\_

Controlling Agency Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

The following talkgroup(s) may be programmed into the Requesting Agency's radios:

\_\_\_\_\_  
\_\_\_\_\_

If limitations exist, please specify: \_\_\_\_\_

**NOTE:** At the Controlling Agency's discretion, an expiration date may be set for the use of this permission agreement in order to manage talkgroup growth. With this option, the Requesting Agency would require an updated Agreement before programming any additional radios with the Controlling Agency's talkgroup(s) after this permission expires. It does not impact radios programmed before the expiration date.

Does this Talkgroup Permission expire? Circle: **YES / NO** Expiration Date: \_\_\_\_\_

**Requesting Agency Name:** \_\_\_\_\_

Requesting Agency Address: \_\_\_\_\_

**SIGNATURES:** Two different **Controlling Agency** signatures are required to validate this permission.

**Agency Signatory:** The person responsible for oversight of the Controlling Agency, such as the Police Chief, Fire Chief, County Sheriff, Emergency Manager, Chief of Campus Police (university), etc.

**Authorized Signatory:** The person with legally binding authority over the Controlling Agency. For city government, the Mayor; for county government, the County Judge; for a university or hospital, this may be the Chancellor, President, Chair, Operations Manager, etc. Please contact AWIN if clarification is needed.

**Agency Signatory:**

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Authorized Signatory:**

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_