New Member Application

PCWIN Form 301-A

PCWIN Pima County Wireless Integrated Network

…a better state of communication
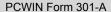
PCWIN is a public safety/public service digital trunked radio network and cooperative. While it is our intent to accommodate the voice radio needs of as many organizations as possible, a deliberate discovery and planning process is required to ensure a prospective member's participation meets the needs and intent of PCWIN. Please fill out the following application with as much detail as possible. This information will be used to determine the best level of participation for your agency and whether any fees will be assessed.

Applicant's Use:

Organization Name

Organization Address

Point of Contact

POC Email Address

POC Phone Number

Organization Type

Will PCWIN be your primary means of communication?

Is your agency being sponsored by a PCWIN member?

Name of PCWIN Sponsoring Agency

If applicable, is the Sponsoring Agency providing radios for your use?

What level of participation do you anticipate on PCWIN

☐ Daily   ☐ Weekly   ☐ Monthly

Will you use another agency's talkgroups to communicate on PCWIN?

Will you require the establishment of talkgroups for your agency's use?

Will any of those talkgroups require encryption?

If applicable, how many talkgroups will you require?

Clear Voice	Recorded	Encrypted

How many radios do you plan to use on the PCWIN Network?

Portables	Mobiles	Consoles

Have you coordinated for your agency's Emergency Alert function to be monitored by a PCWIN agency? (which one)

Are your agency's radios programmed to use Over The Air Programming/Rekeying?

☐ OTAP   ☐ OTAR

What make and model of radio equipment do you wish to program on the PCWIN network? (currently only Motorola products are permitted to connect to PCWIN)

How many radio transmissions does your agency average per hour?	What is the average length of your agency's radio transmissions?

Will your agency be connected to another network with the same radios?   Briefly describe the network

Will your agency require the dispatch services of a PCWIN agency?

What date would your agency like to begin using PCWIN?

Please provide a brief statement of your agency's Concept of Operations on the PCWIN Network

Comments (Special Requirements)

Signature/Date

PCWIN Staff Use:

Network Impact

Expected Site Affiliations

[ ]

Will the Applicant's Concept of Operations Require Additional Infrastructure?   Additional Required Infrastructure Locations

[ ]

Will there be special equipment requirements?   Explain

[ ]

What are the applicant's programming requirements?

- ☐ Talkgroup Recording
- ☐ OTAR
- ☐ OTAP
- ☐ Encryption
- ☐ Talkgroup Creation

What PCWIN talkgroups will need to be programmed?

[ ]

Have the requested PCWIN agencies given permission to program the applicant's radios?

Which PCWIN Agencies have granted talkgroup sharing permission?

[ ]

Fiscal Impact:

Does the Applicant offer any potential revenue? (explain)

Does the Applicant offer any potential cost savings? (explain)

What costs to PCWIN will the cooperative incur by permitting the Applicant's inclusion on the network?

What O&M burden will the Applicant be expected to pay? (Explain)

What additional fees is the Applicant expected to pay?

- [ ] Fleetmap Development Fee
- [ ] Radio Programming Fee
- [ ] Encryption Fee
- [ ] Coverage Remediation Fee
- [ ] Equipment Purchase Fee
- [ ] Maintenance Agreement Fee
- [ ] Annual PM through PCWIN Fee
- [ ] Advanced Application Research/Processing Fee

Total fees incurred with this application

Overall Recommendation:

What is the PCWIN staff's recommended level of participation for the Applicant?

(refer to page 14 of the Sept 12 PCWIN Business Plan for guidance)

Operations Working Group recommendation   Date [   ]

Technical Working Group recommendation   Date [   ]

What is the Applicant's recommended "Go-Live" date?   [   ]

If applicable, what is the termination date of the Applicant's PCWIN network connection?   [   ]

What is the Applicant's code plug?   [   ]

Further Comments

[   ]

Executive Director Signature / Date

[   ]

Board of Directors approval date / comments