WISCONSIN INTEROPERABILITY
SEAMLESS STATEWIDE PUBLIC SAFETY RADIO COMMUNICATIONS

RF Over LTE/IP Gateway USER APPLICATION (For Radio Gateway ONLY)

Section 1:

1.1 Application Gateway User: Select One ☐ Initial ☐ Update

1.2 Gateway Connection Type:

☐ Radio Gateway

1.3 Date: _____

1.4 Agency Information (This form is for public safety and public service agencies only.)

Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

1.5 Agency Type: Select One ☐ Public Safety ☐ Public Service

1.6 Agency Contact Information

Contact Name: _____

Contact Phone: _____

Contact E-mail: _____

1.7 Agency Eligibility: Is your agency an eligible agency as defined by FCC Section 90.20 Public Safety Pool?

☐ Yes ☐ No (If no, complete 1.8)

WISCONSIN INTEROPERABILITY
SEAMLESS STATEWIDE PUBLIC SAFETY RADIO COMMUNICAT

RF Over LTE/IP Gateway USER APPLICATION

Section 1 (continued):

1.8 Agency Sponsor: If answering "No" to Question 1.7, you must have a Sponsoring Agency that is a WISCOM Participating Agency. Please include a letter from your Sponsoring Agency with this application.

Sponsoring Agency Name: _____

Contact Person: _____

Contact Phone: _____

Contact E-mail: _____

1.9 Radio Service Provider Information

Service Provider Name: _____

Contact Person: _____

Contact Phone: _____

Contact Email: _____

Internal Use Only: Application Number