STATE FREQUENCY AUTHORIZATION REQUEST
This is a request to operate mobile and/or portable radios under a state license.

Agency: _____

Address: _____

_____

Phone: _____

Fax: _____

Contact: _____

Email: _____

Channels/Frequencies Requested:

_____
_____
_____
_____
_____
_____

No. of radios: _____

Purpose/usage/other info:

_____
_____
_____
_____
_____

Submit request by email, fax, or mail to:

Carl Guse
Frequency Coordinator
Wisconsin State Patrol
POB 7912
Madison WI 53707-7912

608-266-2497
608-267-4495 fax
carl.guse@dot.wi.gov

For internal use: Approved on _____ by _____