



# WHITLEY COUNTY FISCAL COURT

## Communication Member Application

**WHEREAS**, the Fiscal Court of Whitley County passed Ordinance 2011-07 pertaining to and establishing a process for use and possession of two-way radios for county owned communications frequencies that describes the penalties and forfeiture of radios for which no applications have been issued. Pursuant to this ordinance, personally owned radios which shall be programmed with the frequencies owned by the Whitley County Fiscal Court, shall make application for authorization to transmit either for mobile or handheld use.

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(OL) Driver's License #: \_\_\_\_\_ Agency: \_\_\_\_\_ Unit No#. \_\_\_\_\_

Radio Brand Mobile: \_\_\_\_\_ Model: \_\_\_\_\_ Serial #: \_\_\_\_\_

Radio Brand Handheld: \_\_\_\_\_ Model: \_\_\_\_\_ Serial #: \_\_\_\_\_

Agency Selling/Programming Radio: \_\_\_\_\_

**By signing and submitting this application, you agree to abide by all sections of Ordinance 2011-07**

I have reviewed Ordinance 2011-07 and understand the sections and conditions as passed by the Whitley County Fiscal Court. I submit this application and hereby request authorization to transmit on the official county frequencies in my personal radio(s). I furthermore understand that failure to comply with Ordinance 2011-07 will result in this authorization being revoked and the penalties as described in the Ordinance. I furthermore understand that all cost associated with the programming or re-programming of personally owned radios is the responsibility of the owner. I shall have the radio(s) de-programmed within (3) days upon termination or resignation of membership, or sale of the radio(s) and provide the court documentation from the vendor that the radio(s) have been de-programmed.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant Signature Date

I, \_\_\_\_\_, being the Fire Chief or authorized agent for the \_\_\_\_\_ Department, hereby acknowledge that the applicant is a duly authorized affiliated member of the department. I understand that if the affiliation is terminated or ceases between the applicant and the department, that the department shall notify the 911 Director within (3) days that the applicant is no longer a affiliated member of said department.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Fire Chief or Authorized Agents Signature Date

**OFFICIAL USE ONLY**

( ) Approved. \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

( ) Denied. \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason: \_\_\_\_\_