



Hawaii

Wireless Interoperability Network (HiWIN)

ID REQUEST

(Please fill out the form as completely and accurately as possible)

REQUESTOR INFORMATION

Last Name:		First Name:		Governmental Entity:	
Street Address:			Phone: ()		
City:		State:		ZIP Code:	
Email:					

RADIO INFORMATION

Make:	Model:	Quantity:	Make:	Model:	Quantity:

EMERGENCY ALARM

Emergency Alarm: <input type="checkbox"/> Enable <input type="checkbox"/> Disable		Dispatch entity:			
What phone number would you like to be contacted in case of an emergency?					

SPONSOR INFORMATION

Do you have an approved sponsored participation plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			If yes, who is your sponsor?		
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STATEMENT OF AUTHORIZATION

The Signatory of this Statement of Authorization HEREBY CERTIFIES that he/she is authorized by the above named Governmental Entity ["Entity" hereinafter] to sign this document for and on behalf of the above named Entity. Said Entity certifies that all the above information is true and correct to the best of said Entity's knowledge.

_____ <i>Signature of Authorized Representative of Entity</i>		_____ <i>Printed Name</i>	
_____ <i>Title</i>		_____ <i>Date Signed</i>	

FOR SPONSOR USE ONLY

<input type="checkbox"/> Approved <input type="checkbox"/> Denied; Reason:	
_____ <i>Signature of Authorized Representative of Entity</i>	
_____ <i>Printed Name</i>	
_____ <i>Title</i>	
_____ <i>Date Signed</i>	