



Hawaii

Wireless Interoperability Network (HiWIN)



Hawaii Wireless Interoperability Network Application

Existing___ Part Time___ Full Time___

Applicant Agency: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date of Application: _____

Agency Contact Name: _____

Contact Telephone Number: _____ Contact Fax Number: _____

Contact email Address: _____

Is the Agency a current SSB user? Yes No
If yes, what is the total number of radios you have on the SSB system as of the date of this application? _____

If yes, is SSB your primary communication system? Yes No

Will the agency use a recording device to record radio transmissions? Yes No
If no, do you foresee using a recording device? Yes No

Project Description: Please describe briefly the intended purpose and scope of your agency's activities on SSB.

Radio Section

How many radios will you be adding with this request? Specify below:

Number of Portable Radios _____ Number of Mobile Radios _____

Number of Console / Desktop _____

Estimate the average number of transmissions (PTT's) per hour _____

Estimate the average length of transmissions _____

How many radios and users per shift? _____

Are any of the above radios to be cached Yes No If so, how many _____

Talkgroup Section

The Interoperability Talk groups / Channels are programmed into every SSB Radio

Are you requesting new talkgroup(s)? Yes No

If yes, how many new talkgroups _____

What are the existing talkgroups that you are requesting _____

Are there other agency's talkgroups that you need? If so, please list _____

Please note that in order to program another agency's talk group into your radio, a letter of authorization from that agency must be obtained and presented to the SSB Administration.

Current Communications System Section (Disregard if you are a fulltime SSB user)

Information about your current communications system:

Is your current communication system UHF or VHF or 7/800 _____

Is your current communication system conventional or trunked _____

Do you own bridging (Interop) equipment? Yes No

If so, list bridging equipment _____

How many users on your current system _____

Coverage area _____

Number of channels / talkgroups in use _____

Number of mobile radios _____ Number of portable radios _____

Number of SSB radios currently in use _____

Total number of users of your current system _____

TERMINATION: SSB Management and Operations may deactivate a user's radio if the user has proven non compliance with this agreement. Deactivation will occur only after all other measures have been utilized and the user has been fully informed of the deactivation. No user will be deactivated without prior notification of the authorized agency supervisor.

The Agency Signatory should be the person who will assume responsibility for the agency's radios and who will be the primary contact with SSB.

By signing below, you certify that the agency representative has read the responsibilities section of the instructions; that the agency agrees to abide by said responsibilities; that the agency has tested portable radio coverage and coverage is adequate for the agency's needs.

Authorized Signatory Printed Name _____

Title _____

Signature: _____ Date: _____

Agency Signatory Printed Name _____

Title _____

Signature: _____ Date: _____

Submit to: SSB.Radio@hawaii.gov