



Fire/EMS/EM Request to Access Saratoga Radio System

Saratoga County Office of Emergency Services
25 West High Street – Ballston Spa, NY 12020

Name: _____ Title: _____ Date: _____

Agency: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Sponsoring Agency: _____ Contact: _____

Note: Sponsoring Agency MUST provide letter of support.

Why do you need access? *Fire /Mutual Aid* *EMS /Mutual Aid* *Emergency Management* (circle one)

I acknowledge that only Motorola approved equipment is allowed to operate on the system. _____ (initial)

I acknowledge that I must abide by the Saratoga County Radio SOG's/SOP's. _____ (initial)

I understand that after programming unit(s) Pittsfield will turn over equipment to County OES. The radio equipment will be delivered at the time of agency training on SOG's/ SOP's relating to operation on the system with the Emergency Activation Button deactivated. ____ (initial)

How many radios are you looking to place on the system? _____ Portable _____ Mobile

I understand that Saratoga OES can terminate access for violation of radio SOG's/SOP's _____ (initial)

SARATOGA COUNTY FIRE ADVISORY BOARD/ EMS COUNCIL APPROVAL/DENIAL

Reviewed by:

Date:

Recommended ID's _____

Apparatus:

Emergency Button Activated () Emergency Button De-Activated () *Template to be Programmed* _____

Approved/Denied by:

SARATOGA COUNTY OFFICE OF EMERGENCY SERVICES REVIEW

Reviewed by:

Date:

Access Authorized () Access Denied () *Template to be Programmed* _____

Upon completion of this form, please submit to the Saratoga County Office of Emergency Services by emailing: Emergencyservices@saratogacountyny.gov or faxing it to: 884-4707.