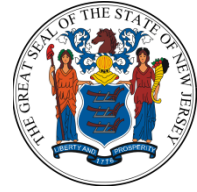




# State of New Jersey Division of State Police

## NJICS P25 SYSTEM PARTICIPATION APPLICATION



### Section I: Agency Information

**Application Type:**

- Consortium application (county or entity applying for multiple agencies)
- Individual application (individual organization/agency applying for itself)

**Agency Information:**

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Agency Type: (Select ONLY One)**

- Government Entity
- Private Entity
- Non-Profit Organization

**Agency Class: (Select ONLY One)**

- Federal
- State
- County
- Local
- Tribal
- Other \_\_\_\_\_

**Agency Category: (Select ONLY One)**

- Police
- Fire
- EMS
- Sheriff
- General Government
- Emergency Management
- Combined Dispatch
- School District
- Public Works
- Hospital
- Utilities
- Health Department
- Federal Agency
- State Agency
- Tribal
- Coroner
- Other \_\_\_\_\_

**Internal Use Only – Application Number:** \_\_\_\_\_

**Agency Contact Information:**

Agency Contact Name: \_\_\_\_\_

Agency Contact Telephone Number: \_\_\_\_\_

Agency Contact Email Address: \_\_\_\_\_

Communications Center Contact: \_\_\_\_\_

Communications Center Contact Phone: \_\_\_\_\_

Communications Center Contact Email: \_\_\_\_\_

Communications Center Address: \_\_\_\_\_

Communications Center 24 HR Number: \_\_\_\_\_

Communications Center FAX Number: \_\_\_\_\_

Communications Center Email: \_\_\_\_\_

**Other Information:**

Is your agency an eligible agency as defined by FCC Regulation 90.20?  Yes  No

If **No**, you must have a Sponsoring Agency that is a Participating Agency. Please include a letter from your sponsoring agency with this application.

Sponsoring Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person Telephone Number: \_\_\_\_\_

Contact Person Email: \_\_\_\_\_

**Anticipated date of implementation:** \_\_\_\_\_

## Section II: Current System Information

Provide information about your Agency’s **current** communications system to include: area of operation, type of system, current number of channels/Talk groups in use, number of dispatch consoles, number of mobile radios, number of portable radios, and all users of your **current** system.

<b>Current System</b>	
<b>Area of Operation</b> (The area that your system currently covers.)	
<b>Type of System</b> (HF, VHF, UHF, 700 MHz, 800 MHz – Conventional or Trunked, etc.)	
<b>Current Number of Channels/Talkgroups in Use</b>	
<b>Number of Dispatch Consoles in Use</b>	
<b>Number of Mobile Radios in Use</b>	
<b>Number of Portable Radios in Use</b>	
<b>User Agencies on System</b> (If you dispatch for other agencies.)	

(Use an Additional Sheet, if necessary)

### Section III: Talkgroup Requests

**Applicant hereby requests:**

**Talkgroups**

- Interoperability Talkgroups ONLY.  
(Choose this box if you are NOT requesting any **New** or **Shared** talkgroups)
- Total Number of **New** Talkgroups Requested: \_\_\_\_\_ Total Number of Users: \_\_\_\_\_  
(New Talkgroups are those that are not currently on the NJICS P25 System)
- Number of **Shared** Talkgroups Requested: \_\_\_\_\_  
(Shared Talkgroups are those that are already on the NJICS P25 system and shared between agencies)

**New Talkgroups**

(Note that Talkgroup names cannot be duplicated on the system. If another agency already has been assigned the requested name, it cannot be used again by the applicant agency.) Talkgroup names must conform to plan guidance. You may leave “Talkgroup Name” blank, and it will be completed by a NJICS P25 Administrator.

Talkgroup Name (8 Characters Maximum)	Assignment/Function	Talkgroup Name (8 Characters Maximum)	Assignment/Function
<i>Example: PD1</i>	<i>Main Dispatch</i>	<i>Example: FIRE2</i>	<i>Fireground</i>

**Existing NJICS P25 System Talkgroups** (Please list Talkgroups you are requesting\*)

Talkgroup Name	Assignment/Function	Talkgroup Name	Assignment/Function

\*Please note that in order to program another agency’s Talkgroup into your radio, a letter of authorization from that agency must be obtained and presented to the authorized radio-programming agency.

### Section IV: System Impact

**Anticipated Equipment Impact to System:** Please indicate the number of each type that your agency is planning to have operating on the NJICS P25 System.

Dispatch Consoles (#) \_\_\_\_\_

Portable Radios (#) \_\_\_\_\_

Mobile Radios (#) \_\_\_\_\_

Control Stations (#) \_\_\_\_\_

Do you plan to tie in your Dispatch Consoles directly to the system core?  Yes  No

Or

Do you plan your Dispatch Consoles to connect to the system via local Control Stations?  Yes  No

List Talkgroups Planned for Control Stations and/or Consoles

	Talkgroup Name	Talkgroup Name	Talkgroup Name	Talkgroup Name	Talkgroup Name	Talkgroup Name	Talkgroup Name	Talkgroup Name
<i>Control Station Example</i>	<i>Police 1</i>	<i>Police 2</i>	<i>County 1</i>	<i>EOC</i>	<i>Fire 1</i>	<i>EMS 2</i>	<i>PW 3</i>	<i>State 6</i>
Control Station 1								
Control Station 2								
Control Station 3								
Control Station 4								
Control Station 5								
Control Station 6								
Control Station 7								
Control Station 8								
Control Station 9								





Internal Use: Application Number \_\_\_\_\_

## Section VI: Activation Fee/Level of Service

### **Activation Fee:**

A one-time activation fee of \$25.00 is required to activate each radio in the NJICS P25 system.

### **User Levels and Fees:**

Select the user level(s) Agency wishes to access. Please reference the Fee Schedule ([Attachment X](#)) for Level descriptions and fees.

Level 1    Level 2    Level 3    Level 4

## Section VII: Other Contacts

Please provide the following information concerning others that may be assisting the agency with system integration. It may become necessary for NJSP to contact one or all of these to ensure proper integration into the NJICS P25 Trunking System.

### **Vendor Contact Information**

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

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

Representative Phone Number: \_\_\_\_\_

Representative Email: \_\_\_\_\_

### **System Engineer Contact Information**

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

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

Representative Phone Number: \_\_\_\_\_

Representative Email: \_\_\_\_\_

### **Consultant Contact Information**

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

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

Representative Phone Number: \_\_\_\_\_

Representative Email: \_\_\_\_\_



**Internal Use Only – Application Number:** \_\_\_\_\_

## Section VIII: Signature Page

The agency submitting this application agrees by signing to abide by the following:

1. To be familiar with and comply with all applicable rules and regulations of the Federal Communications Commission.
2. To comply with all rules, regulation, and directives of the New Jersey State Police (NJSP) and the State of New Jersey, who operate and manage the New Jersey UASI P25 Trunking System
3. To provide security for the radio equipment, to prevent operation by unauthorized personnel, and to properly train authorized personnel in proper radio procedure.
4. To comply with all technical standards and to purchase and operate only that equipment that has been designated and approved by the NJOIT and the State of New Jersey for use on the system.

Authorized Signatory Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please contact the NJICS P25 Program Analysts with any technical questions:**

[NJICS-P25@njsp.gov](mailto:NJICS-P25@njsp.gov)

Completed application may be emailed to [NJICS-P25@njsp.gov](mailto:NJICS-P25@njsp.gov)

OR

Mail / Deliver Completed Application and Documentation To:

STATE OF NEW JERSEY  
DIVISION OF STATE POLICE  
P.O. BOX 7068  
WEST TRENTON, NJ 08628

***Neither the NJSP nor the State of New Jersey can guarantee console connectivity availability for requesting agencies. Space is limited and on a first come, first served basis.***

**Internal Use Only – Application Number:** \_\_\_\_\_

**Internal Use Only:**

Date Received: \_\_\_\_\_  Completed Application  Participant Agreement

Date Presented to Technical/Sustainability Committees: \_\_\_\_\_

Committee Action:  Approved  Disapproved  Pending

Notes/Recommendations: \_\_\_\_\_

Stipulations/Provisions: \_\_\_\_\_

Site Impact Survey Required:  Yes  No Due Date: \_\_\_\_\_

If yes, Applicant Notified: Date: \_\_\_\_\_

How Notified: \_\_\_\_\_

By Whom: \_\_\_\_\_

Site Impact Survey Completed: Date: \_\_\_\_\_ Completed By: \_\_\_\_\_

Recommendations/Stipulations: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Date Presented to Executive Committee: \_\_\_\_\_

Committee Action:  Approved  Disapproved  Pending

Notes/Recommendations: \_\_\_\_\_

If Pending Status, Next Review Date: \_\_\_\_\_ Review Notes/Recommendations: \_\_\_\_\_

Date Approved: \_\_\_\_\_

**Applicant Agency Status Tracking:**

Application Received - Date Notified: \_\_\_\_\_

Tech/Ops Review – Date Notified: \_\_\_\_\_

How Notified: \_\_\_\_\_

How Notified: \_\_\_\_\_

By Whom: \_\_\_\_\_

By Whom: \_\_\_\_\_

Executive Committee Review – Date Notified: \_\_\_\_\_

How Notified: \_\_\_\_\_

By Whom: \_\_\_\_\_

Approval – Date Notified: \_\_\_\_\_

Disapproval Date: \_\_\_\_\_

How Notified: \_\_\_\_\_

How Notified: \_\_\_\_\_

By Whom: \_\_\_\_\_

By Whom: \_\_\_\_\_

**Attachment X–Fee Schedule:**

The following yearly fees will be applied to voice services used on the NJICS:

System Features	Service Level			
	Level 1	Level 2	Level 3	Level 4
Defined Coverage Area Provided	Statewide	Local	Regional	Statewide
Subscriber Base Fee: Mobile, Portable, Control Station	\$0	\$45	\$125	\$265
Dispatch Center Direct Console Access	None	Available	Available	Available
Statewide Interoperability Talkgroups	Included	Included	Included	Included
Agency Specific System Talkgroups	None	2	2	As Authorized
Mutual Aid Talk Groups	As Authorized	As Authorized	As Authorized	As Authorized
Additional Agency Specific Talk Groups	None	\$20/TG	\$20/TG	As Authorized

Invoices are issued on April 1 and October 1. The April 1 invoice provides for service between and including October 1 to March 31. The October 1 invoice provides for service between and including April 1 to September 30. Radios initialized between invoicing periods will be prorated on a monthly basis to fall in line with the normal invoice cycles.

In the event a radio is lost, stolen, or damaged User Agency shall immediately notify NJICS and the applicable fee(s) shall be suspended. The user may request the NCC to disable the radio ID for security purposes but keep the individual radio account active.

There is no charge to terminate the account for a radio.

If the user requests the account for the radio be terminated and later the radio is reactivated, the \$5.00 initialization fee will be reassessed and may result in a new ID and Archive for the radio.

Subscriber unit programming fees:

**Units programmed by State resources:**

Build Master Template per radio model - \$250.00

**Internal Use Only – Application Number:** \_\_\_\_\_

Modification to Master Template - \$100.00

Individual Radio Programming (cloning) - \$35.00 each

**Units programmed by approved agency:**

Coordinate with Agency's radio technicians or Authorized Radio Service Provider in building Master Template and program Advanced System Key - \$300.00

Agency is responsible for the purchase of Advanced System Key from vendor.

Agency programming will be permitted when agency demonstrates proficiency in programming. Advanced System Keys will have an expiration of 12 months or less and will be permitted on radio models that can limit the local agency's ability to program only those features authorized in order to maintain system security.

Non OTAR (Over the Air Rekeying) agency specific encryption keys are not provided nor maintained by the NJICS.