



## ARKANSAS WIRELESS INFORMATION NETWORK Part Time User Application (formerly Command and Control)

Please note that this application may only be used by agencies that are part time (interoperable) only. A part time AWIN use is defined as emergency only use or use when primary communication system is unavailable or has failed. During large multijurisdictional events, radios may be used as needed.

Date of Application: \_\_\_\_\_

Applicant Agency: \_\_\_\_\_

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

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

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

Contact Telephone Number: \_\_\_\_\_ Contact Fax Number: \_\_\_\_\_

Contact email Address: \_\_\_\_\_

Does the Agency meet the minimum requirements to be considered NIMS (National Incident Management System) Compliant? Yes / No

Does the Agency use AWIN as their primary communication system? Yes / No (please circle yes or no)  
If yes, do not submit this application – discard and complete the New Project Application.

Is the Agency a current AWIN user? Yes / No (please circle yes or no)  
If yes, what is the total number of radios you have on the AWIN system as of the date of this application? \_\_\_\_\_

Does the Agency use AWIN for a back up communication system? Yes / No (please circle yes or no)

Does the Agency use AWIN for emergency use only? Yes / No (please circle yes or no)

Are Homeland Security funds used to purchase these radios? Yes / No (please circle yes or no)  
If so, what grant: SHSGP / LETPP / Other Grant \_\_\_\_\_ Grant Year \_\_\_\_\_

Will the agency use a recording device to record radio transmissions? Yes / No (please circle yes or no)  
If no, do you foresee using a recording device in the future? Yes /No

**Project Description:** Please describe briefly the purpose and scope of your project. The project scope statement should provide a common understanding of the project's major objectives.

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### Radio Section

Specify the number of radios / consoles to be added with this request:

Number of Portable Radios _____	Number of Mobile Radios _____
Number of Console / Desktop _____	Number of HPD _____
Number of IV&D OTAP _____	IV&D ACIC _____

A consolette is a compact desktop radio used for radio dispatch operations and / or monitoring  
 HPD (High Performance Data)  
 IV&D (Integrated Voice and Data)  
 OTAP (Over the Air Programming)  
 ACIC (Arkansas Crime Information Center)

Supply an Alias for each radio to be added to AWIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach a separate sheet if more room is needed for alias information

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

Were any of the above radios donated Yes / No If so, how many \_\_\_\_\_

Are any of the above radios replacement radios for damaged or stolen radios Yes / No How many? \_\_\_\_\_

Is there any other pertinent information about these radios \_\_\_\_\_

Do you have a bridging solution? Yes / No

If yes, what type? \_\_\_\_\_



**TERMINATION:** AWIN 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.

**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; and that the agency's use of AWIN is part time.**

**Authorized** Signatory Printed Name \_\_\_\_\_

Title \_\_\_\_\_

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

**Agency** Signatory Printed Name \_\_\_\_\_

Title \_\_\_\_\_

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



**Submit to:**

[AWIN.Applications@arkansas.gov](mailto:AWIN.Applications@arkansas.gov)

Office: 501.683.1798

Fax: 501.537.9817

One Capitol Mall

Little Rock, AR 72204

**Responsibilities, glossary and instructions:**

AWIN Part Time User Instructions and Responsibilities

**Please note: Authorized Signatory is the County Judge for county agencies, the Mayor for city agencies, the Agency Director for state and federal agencies.**

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