Berks County Radio System Subscriber Change Control Form

v1.0

Directions: Submit one form for EACH radio to be added/changed.
Email completed form to berksdes@countyofberks.com.
CAUTION - Radio changes that require ID modifications will result in the radio being unavailable for use once the system change is made, and until the radio is reprogrammed (radio will display SYS REG REF). It is the requestor's responsibility to ensure that alternative communications are available during this time period.

Agency: _____ Date: _____

Authorized Point of Contact: _____

Phone: _____ Email: _____

Nature of Change (Place X Behind Selection):

New Radio: _____ Reassigned Radio (Within Agency): _____

Remove Radio: _____ Sale/Reassigned Radio (New Agency): _____

A. RADIO SERIAL NUMBER: _____

B. EXISTING RADIO INFORMATION (if not new):

Radio Trunked ID (required): _____

Radio Console Alias (if known): _____

C. NEW/REASSIGNED RADIO INFORMATION:

New Radio Trunked ID: _____

New Radio Console Alias: _____

Describe Intended Use/Deployment If You Are Not Sure About Above:

# of Control Heads (mobile radios only): _____

Template To Be Assigned (if known): _____

DES/Shop/Motorola Use Only:

Received: _____ by _____
System: _____ by _____
RM: _____ by _____

Comments: