



Host Entity

EMS Provider

DEPARTMENT OF EMERGENCY SERVICES & PUBLIC PROTECTION

Division of Statewide Emergency Telecommunications

1111 COUNTRY CLUB ROAD, MIDDLETOWN, CT 06457 • (860) 685-8080

Connecticut Land Mobile Radio Network (CLMRN) EMS Authorization Form

The License Agreement between the Department of Emergency Services and Public Protection (DESPP) and the (Host Entity), executed on _____, is for the use of the Connecticut Land Mobile Radio Network (CLMRN) by the (Host Entity) to foster interoperability, improve critical communications, and enhance public safety operations.

Upon execution of this Authorization Form, the (EMS Provider) shall be allowed access to the (Host Entity)'s talk groups on the CLMRN for public safety/emergency use only. The (EMS Provider) shall adhere to the terms and conditions of the executed License Agreement between DESPP and the (Host Entity).

The (EMS Provider) shall be responsible for the purchase, repair, securing of necessary upgrades, and maintenance of its subscriber units (e.g., portables, mobiles) for _____ subscribers. Requests for authorization, or to increase the number, of subscriber units with access to the CLMRN shall be submitted in writing, by email to P2S@ct.gov, and are subject to approval by Connecticut Telecommunications System (CTS) Unit of DESPP.

The (Host Entity) is responsible for the use of the CLMRN talk groups by the (EMS Provider). The (Host Entity) hereby agrees to hold harmless, to defend and to indemnify DESPP, the State of Connecticut, and all employees of the same against any and all claims of whatever description or character which are in any manner associated with use or attempted use of the CLMRN by the (EMS Provider) or with authorization given the (EMS provider) to access the CLMRN.

DESPP shall have the right to revoke this authorization as a result of any violations of the License Agreement or whenever DESPP makes a written determination that such Termination is in the best interest of the State. DESPP shall notify all parties in writing of said Termination and shall specify the effective date of Termination.

I _____ hereby authorize and sponsor the (EMS provider) to utilize the following talk groups assigned to the (Host Entity) for public safety/emergency use only.

- 1. _____ 3. _____
2. _____ 4. _____

By their signatures here, the parties each accept and agree to be bound by the terms of this Authorization Form.

Chief Elected Official/ Town Administrator/ Authorized Signatory

Name: _____ Signature: _____ Date: _____

Chief of EMS Service or Authorized Signatory of the (EMS Provider)

Name: _____ Signature: _____ Date: _____

Statewide Interoperability Coordinator

Name: _____ Signature: _____ Date: _____