



**Oklahoma Wireless Interoperable Network (OKWIN)  
Oklahoma State-Wide Radio System**

**New User Questionnaire**

Ver 08/18/2010

Please answer the following questions as completely as possible. If there is not sufficient space to adequately answer the questions, please provide attachment(s) with the information completed as requested.

Requesting Agency: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

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

Please submit this completed Questionnaire with your signed Inter-Local Agreement/ MOU to the specified address within the Agreement.

**NOTE: This questionnaire must be completed before the Inter-Local or MOU Agreements can be considered and talk groups assigned.**

- 1) Briefly describe your agency's present communications system, how many mobiles and handhelds and what operations and/or functions are conducted. (frequency lists, operations/functions conducted on each frequency, etc.)

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2) What is your agency's intended use and expectation of the State-Wide Radio System?

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3) How many Talkgroups are you requesting and for what purpose? Please be specific.

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4) Please identify how many units will your agency initially bring on the system and briefly describe your Agency's future growth plan. Be sure to include expected initial deployment dates, maximum number of radios and talkgroups in your description.

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5) What other agencies do you communicate with on a:

a. Daily basis?

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b. Occasional basis?

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c. Disaster basis only?

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6) How do you communicate with the above listed agencies today?

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7) Will you be using the OKWIN System for Primary or Backup/ Interoperability operations? Please circle choice.

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8) Please provide an Administrative contact and a Technical contact for your agency in the spaces provide below.

**Administrative Contact:**

Printed Name: \_\_\_\_\_

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

Area Code + Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Technical Contact:**

Printed Name: \_\_\_\_\_

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

Area Code + Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

**Training Contact:**

Printed Name: \_\_\_\_\_

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

Area Code + Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

End