

Metro Region ARMER Standards

Section Appendices – Appendix C Talkgroup Permission Letter Template

Date Established

5-12-01

Date Revised/Reviewed

1-27-21

1. Purpose or Objective

The purpose of this template is to provide a guide for requesting the use of another owner's talkgroup resources. Procedure for use of this letter is found in SECB Standard LMR-13 *Use of Shared Talk Groups*. (See next page)

AUTHORIZATION TO USE TALKGROUPS
NOT OWNED BY THE REQUESTING AGENCY

Date: _____

Requesting Agency: _____

Authorizing Agency: _____

Reason for Request ___ Add Talkgroup(s) to Radios
 ___ Add Talkgroup(s) to Dispatch Console
 ___ Scan/Monitor Talkgroup(s)
 ___ Other _____

I. Request permission to ADD the following clear talkgroup(s)

Talkgroup	Installation: Console, Portable, Mobile, Command Post	# of Work Units
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. Request permission to SCAN/MONITOR the following clear talkgroup(s)

Talkgroup	Installation: Console, Portable, Mobile, Command Post	# of Work Units
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. Encrypted Talkgroup Requests

A. If you are given permission for a talkgroup that is encrypted, neither the talk group nor the encryption key will be shared without written permission from the grantor entity.

B. The encrypted talkgroup will be granted and programmed via:

- ___ In-person encryption key transfer
- ___ Keyloader to Keyloader transfer
- ___ Loaded by granting agency Keyloader only
- ___ Other: please specify

C. Request permission to ADD the following encrypted talkgroup(s)

Talkgroup	Talkgroup Hex ID	CKR #	Patching Capability (Gateway, Dispatch, LTE)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. Request permission to SCAN/MONITOR the following encrypted talkgroup(s)

Talkgroup	Talkgroup Hex ID	CKR #	Special Notes
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IV. Other Request/Requirements (Explain)

V. Reason for Request

Note: If given permission for talkgroups on a temporary or event basis, the permission will be rescinded on dd/mm/yyyy.

(Attach supporting documentation)

Name of individual completing application _____

Address _____

Phone _____ Email _____

This Page for Authorizing Agency Only

**AUTHORIZATION TO USE TALK GROUPS
NOT OWNED BY THE REQUESTING AGENCY**

Request Approved _____ Approved with Conditions _____ Denied _____

Conditions:

Authorized Signature _____

Name of Authorizing Individual _____

Address _____

Phone _____ Email _____