

**WYOLINK and WYOMING MUTUAL AID
APPLICATION FOR SYSTEM ACCESS OR NEW TALKGROUP**

Date: _____

Requesting Agency: _____

Type of Request New Talkgroup Request
 New Member
 Other _____

Type of Agency **First Responder**
 Law Enforcement
 Fire Department
 Emergency Medical Service
 Homeland Security
 Communications Center
 Other _____

Emergency Response Support
 Transportation
 Support – Red Cross, Salvation Army, etc.
 Weather Service
 Public Works
 Court Services
 Regulatory
 Other _____

Radio System WyoLink
 Mutual Aid
 SALECS
 Critical Connect (LTE to LMR)

Reason for Request: A non-governmental entity shall apply for WyoLink Membership with the sponsorship of a public safety agency, attach letter from sponsoring public safety agency.

(Attach Supporting Documentation)

Name of individual completing application: _____

Title: _____

Address: _____

Phone: _____

E-Mail Address: _____

Signature: _____

Send Completed Application to:

WyoLink
Wyoming Department of Transportation
5300 Bishop Boulevard
Cheyenne, WY 82009
E-Mail Address: wyolink@wyo.gov

Mutual Aid Channel Approval: _____
(If Requested) Wyoming Highway Patrol

Please complete the following for Mutual Aid Request:

Number of Mobile Radios:

Number of Portable Radios:

Number of Dispatch Centers:
(Control Stations)