

# Iowa Statewide Interoperable Communications System

## Applicant Participation Plan

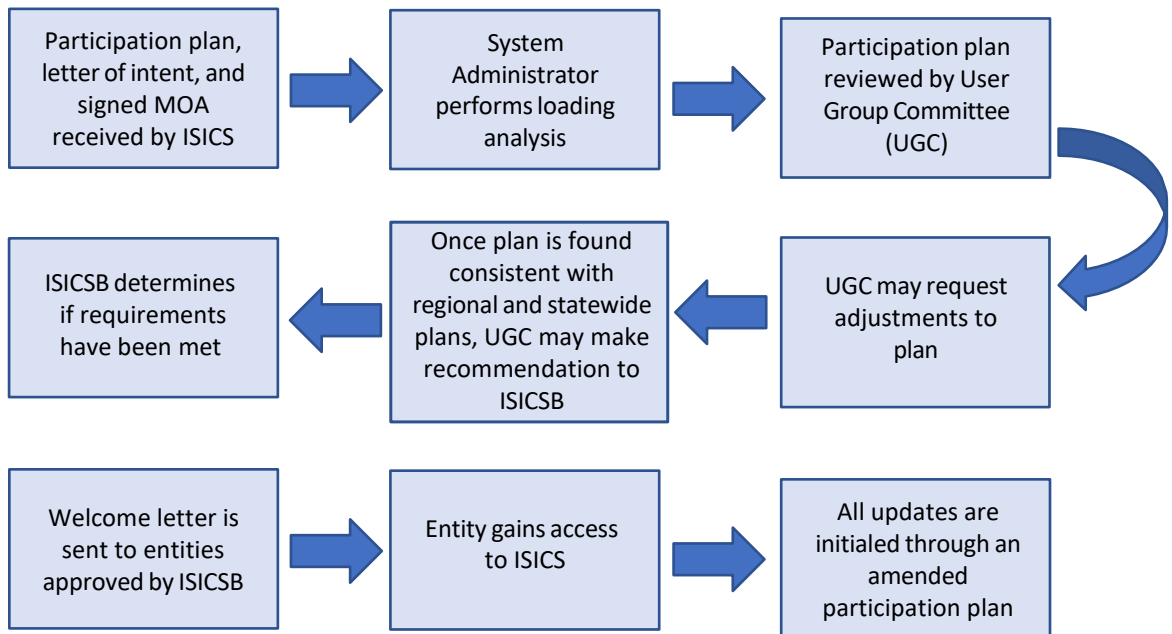
See ISICS Standard 2.8.0



Resources for users or potential users of the Iowa Statewide Interoperable Communications System are located on our website at <https://isicb.iowa.gov>.

\*\*\* Under the Resources tab are Policies and Standards referenced in this form. Links to ISICSB meetings are also available \*\*\*

### Participation Plan Process



Applicants will be asked to attend the ISICS User Group Committee Meeting and/or ISICS Board Meeting in which their application is up for review. Applicants should be prepared to answer any questions regarding this application and use of ISICS.

Appeals to the User Group Committee recommendation should be made to the ISICSB Chairperson.

Complete and accurate information is required. This document contains sensitive information, please distribute discriminately. Please provide any additional documentation as necessary.

Questions can be directed to: [JVandewater@adaircountyso.org](mailto:JVandewater@adaircountyso.org), [nichols@dps.state.ia.us](mailto:nichols@dps.state.ia.us), [brittain@dps.state.ia.us](mailto:brittain@dps.state.ia.us)



**This is a New Application**

**This is an Amendment to Prior Application**

User Level Request: defined in ISICS Standard 2.8.0- Requesting Access and Participation

Level 1: Statewide and regional interoperable talkgroup use only

Level 2: Local operational use with local user defined talkgroups as well as level 1 access

Level 3: Core connected consoles, additional feature sets with all level 1 and 2 access

Backhaul Type:      Microwave      ICN Fiber      Private Fiber      Combination

Level 4: Local coverage enhancements with all of level 1 and 2 access and possibly 3

Backhaul Type:      Microwave      ICN Fiber      Private Fiber      Combination

Number of Legacy Radios (radios your agency already uses)

Band of Legacy Radios: (choose all that apply)     VHF     UHF     700 and/or 800

Will you be using ISICS for daily operation at your agency?                      Yes                      No

Will you be using ISICS for primary dispatching?                                      Yes                      No

**Agency Point of Contact**

Agency Name

Agency Phone

Address (Street)

Address (City, State, Zip)

Agency Point of Contact (POC)

Title

POC Office Phone Number

POC 24-hr Contact Number

POC Email Address

Date of Application (mm/dd/yyyy)

Radio Technician (Programmer) Agency/Company

Radio Technician Name and Title

Radio Technician Address

Radio Technician Phone Number

Radio Technician Email Address

Radios programmed to operate on the ISICS Platform are expected to, at a minimum, have all Regional and Statewide Interoperable Talk Groups as determined in ISICS Standard 1.7.0 Minimum Programming Requirements, and frequencies listed on the ICS217A form consistent with ISICSB Policy 2012-05-C Minimum Interoperable Radio Channels and Nomenclature.

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Questions can be directed to: [JVandewater@adaircountysos.org](mailto:JVandewater@adaircountysos.org), [nichols@dps.state.ia.us](mailto:nichols@dps.state.ia.us), [brittain@dps.state.ia.us](mailto:brittain@dps.state.ia.us)



**Operability Talkgroup Information (User Levels 2-4 only)**  
**Explain the request for each discipline**

Operational Discipline	Number of Talkgroups Requested	Encrypted (Y or N)	Daily Use (Y or N)	Comments – fully explain each
Law Enforcement				
Fire				
EMS				
Emergency Mgmt.				
Public Works				
School				
Secondary Roads				
Other				
<b>TOTALS:</b>				

**ISICS is a Digital Trunked Radio System: Equipment is required to be P25 Phase II (TDMA)**  
**Below list the P25 Phase II (TDMA) Equipment your agency will bring to ISICS**

Operational Discipline	# Radios for Immediate Programming	# of Portable	# of Mobile	Manufacturer	Comments / future plans
Law Enforcement					
Fire					
EMS					
Emergency Mgmt.					
Public Works					
School					
Secondary Roads					
Other					
<b>TOTALS:</b>					

Number of Core Connected Dispatch Consoles you will have in your PSAP (Levels 3 and 4)

**ISICS Standard 1.6.0 Talkgroup, Multigroup, and Agency-Group Ownership**



**Applicant Signature**

- I understand that in order to increase the number of requested operational talkgroups by more than 2 or to bring more than 25 additional radio IDs onto the system, an amendment to this application is required per ISICS Standard 2.8.0 Requesting Access and Participation.
  
- I understand that it is expected that I will attend the User Group Committee meeting in which this application will be reviewed.

By signing here, I certify that the information submitted is accurate to the best of my knowledge and the entities covered under this agreement will follow the terms of the ISICS Memorandum of Agreement.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*PRINT NAME / AGENCY*

Once approved, the ISICS System Administrator will work with the agency/vendor to add subscriber IDs and/or talkgroups to ISICS. The agency/vendor will provide a programming certification stating programming of agency subscriber radios is consistent with ISICS Standards.

ISICS Standards to use in the creation of your agency communications plan and fleetmap:  
3.1.0 Radio Aliases; 3.2.0 Talkgroup and Multigroup Names, 3.3.0 Radio ID and Talkgroup Allocation, 3.40 Fleetmap Standards.

Attach a copy of this completed application along with a signed Memorandum of Agreement and a Signed Letter of Intent to the Application form found at:

<https://form.jotform.com/isicsb/Join-ISICS> or at <https://isicsb.iowa.gov-join-ISICS>

Questions can be directed to: [JVandewater@adaircountysio.org](mailto:JVandewater@adaircountysio.org), [nichols@dps.state.ia.us](mailto:nichols@dps.state.ia.us), [brittain@dps.state.ia.us](mailto:brittain@dps.state.ia.us)



**Approval Signatures**

**OFFICIAL USE ONLY**  
**Do not write below this box**

## USER GROUP COMMITTEE APPROVAL

By signing here, I, User Group Committee Chair, recommend the application for approval for access to the Iowa Statewide Interoperable Communications System (ISICS) Platform to the Iowa Statewide Interoperable Communications System Board (ISICSB)

\_\_\_\_\_  
*User Group Committee Chair Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*PRINT NAME*

## ISICSB APPROVAL

By signing here, I, ISICSB Chair, certify the application has been approved by the Iowa Statewide Interoperable Communications System Board (ISICSB). The applicant and associated agencies shall be granted access to the Iowa Statewide Interoperable Communications System Platform consistent with this Participant Plan.

Date of ISICSB Meeting

\_\_\_\_\_  
*ISICSB Chair Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*PRINT NAME*