

Agency Contact Information Sheet

**Agency Name:** Click or tap here to enter text.

**Submitted by:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.

|  |  |
| --- | --- |
| **Are you familiar with the PSERN Project?**  Yes No | |
| Select one. | Select one. |

2.

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| --- | --- | --- |
| **Point of Contact for Billing (Name)** | **Phone Number** | **Email** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

3.

|  |  |  |
| --- | --- | --- |
| **Point of Contact for Technical Issues**  **(Name)** | **Phone Number** | **Email** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

4.

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| --- | --- | --- |
| **Point of Contact for Operations\***  **(Name)** | **Phone Number** | **Email** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

\*This individual will be responsible for coordinating the radio inventory and radio exchange.

5.

|  |  |  |
| --- | --- | --- |
| **Point of Contact for Logistics\***  **(Name)** | **Phone Number** | **Email** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

\*May be the same as operations

6.

|  |  |  |
| --- | --- | --- |
| **Point of Contact for Training\***  **(Name)** | **Phone Number** | **Email** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

This individual will be responsible for coordinating your agency’s training sessions.

7.

|  |  |  |
| --- | --- | --- |
| **Point of Contact for Fleet/Motor Pool**  **(Name)** | **Phone Number** | **Email** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

This individual will be responsible for coordinating your agency’s vehicle installations.

8.

|  |  |  |
| --- | --- | --- |
| **Point of Contact for SLA -Ultimate Authority**  **(Name)** | **Phone Number** | **Email** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

This individual will be responsible for signing the Service Level Agreement (I.e. Department Director, City Manager etc.). This agreement will commit your agency to the life of the PSERN system which is set for the next 20 years.

9.

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| **How many Master Trainers\* will your agency need?** | **Are they any special restrictions effecting replacement (e.g. equip purchased via grants)** | **Do you have a facility large enough to accommodate 20 - 30 vehicles** | **Best email and addresses to send follow-up PSERN materials / updates** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

\*PSERN will be implementing a “Train the Trainer” model to educate end users on how to use the new system. The Master Trainer will be responsible for training the rest of you agency’s employees.