

	<b>CLEARFIELD COUNTY EMERGENCY MANAGEMENT / 9-1-1</b> Standard Operating Procedures	Initial: 06/06
	SOP #: Fire 7-25	Revised:
	Subject: Request for Radio Call Sign	

### Clearfield County Request for Radio Call Sign

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

I, \_\_\_\_\_, as Fire Chief, for \_\_\_\_\_ have read  
(Print Chief's name) (Company name)  
 and understand the Clearfield County 9-1-1 Standard Operating Guides (SOG's) and applying for:

☐ Fire
 ☐ EMS
 ☐ Police
 *Check all that apply*

And, By my signature below, indicates that \_\_\_\_\_

Apparatus/Officer

Meets this standard and I understand that should this radio i.d. be misused or determined unnecessary by Clearfield County Department of Emergency Management, said Department reserves the right to terminate access to any and all frequencies; therefore, I request that the Clearfield County Department of Emergency Management grant designation of \_\_\_\_\_ for this piece of apparatus/ or officer to be able to transmit on the below requested frequency (ies).

*Specific Reason for Request:*

_____
_____
_____
_____
_____
_____

\_\_\_\_\_  
 Signature Fire Chief

Do Not Write Below Line. EMA Management Use Only!

<input type="checkbox"/> Fire Dispatch	<input type="checkbox"/> Fire Ground 8	<input type="checkbox"/> Operations 14	<input type="checkbox"/> TAC 2
<input type="checkbox"/> Fire Ground 2	<input type="checkbox"/> Fire Ground 9	<input type="checkbox"/> Operations 15	<input type="checkbox"/> TAC 3
<input type="checkbox"/> Fire Ground 3	<input type="checkbox"/> Fire Ground 10	<input type="checkbox"/> County Operations	<input type="checkbox"/> TAC 4
<input type="checkbox"/> Fire Ground 4	<input type="checkbox"/> Fire Ground 11	<input type="checkbox"/> Police Dispatch	<input type="checkbox"/> Clearfield Med 9
<input type="checkbox"/> Fire Ground 5	<input type="checkbox"/> Fire Ground 12	<input type="checkbox"/> Regional	<input type="checkbox"/> Clearfield Med 50 DRMC
<input type="checkbox"/> Fire Ground 6	<input type="checkbox"/> Operations 13	<input type="checkbox"/> TAC 1	<input type="checkbox"/> Clearfield Med 6 CHED
<input type="checkbox"/> Fire Ground 7			
_____ Signature EMA Official		DATE: _____	