



# City of Sugar Land

## DIVISION OF EMERGENCY MANAGEMENT

### EOC Amateur Radio Operator Application



Attach a current copy of your amateur radio license and forward the completed application to City of Sugar Land - Emergency Management Coordinator, Sugar Land Fire & Rescue, P.O. Box 110, Sugar Land Texas 77487-0110 or FAX your application to (281) 275-2866.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ DL #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone - Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Retired? \_\_\_ Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Callsign: \_\_\_\_\_ License Class: \_\_\_\_\_ Expires: \_\_\_\_\_

Amateur Radio Communications or Emergency Response Training: \_\_\_\_\_

Other Amateur Radio Organizations presently active in: \_\_\_\_\_

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 I hereby apply for certification with the City of Sugar Land - Office of Emergency Management Amateur Radio Operators Group. If accepted into the program, I will serve to the best of my ability as requested by duly constituted authorities. I give my approval that information provided on this application may be made public unless I have indicated otherwise by marking with an asterisk (\*). I certify that: (1) I possess a current and valid Amateur Radio License, which has never been suspended or revoked; (2) I have never been denied membership in, nor had membership revoked, in another amateur emergency communications program; (3) I have never been convicted of a felony; (4) I am a citizen of the United States; (5) I am physically and mentally able to perform the duties of the position applied for. The City of Sugar Land has my permission to perform a background check to verify this information. Fingerprints by the Sugar Land Police Department are required as part of the background check.

\_\_\_\_\_  
 Signature of applicant Date

Read and Complete Reverse Side

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 (To be completed by City of Sugar Land Emergency Coordinator):

Recommended for City of Sugar Land Amateur Radio Operators Group

By: \_\_\_\_\_ Title: \_\_\_\_\_

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

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 (To be completed by City of Sugar Land Police Department):

Approved By: \_\_\_\_\_ Title: \_\_\_\_\_

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

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# City of Sugar Land POLICE DEPARTMENT



Police Department Requirements for access to the Sugar Land Public Safety Dispatch Center, where the EOC Amateur Radio Station is located, are:

1. Criminal History Background Investigation
2. FBI Check of Fingerprints
3. Completion of Criminal Justice Practitioners Course on NCIC/TCIC within 6 months of receiving access.

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I understand the City of Sugar Land Police Department is required to meet Texas DPS and FBI security regulations concerning access to and activities in areas with the NLETS/TLETS terminals. I understand that there can be civil and/or criminal penalties for improper activities. I will abide by the following rules when in the Sugar Land Public Safety Dispatch Center:

1. Do NOT use or touch any of the dispatch system terminals.
2. Do NOT read the information from any of the dispatch system terminal displays or printers.
3. Do NOT attempt to retrieve or request retrieval of any information from the NCIC/TCIC systems (The NLETS/TLETS Terminals)
4. Do NOT discuss anything that is seen or heard in the dispatch center with anyone. All information is confidential - not just information from the NLETS/TLETS terminals.
5. Do NOT remove any papers from the dispatch center that were not brought in for, or that are specifically for, the amateur radio station.

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

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### AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, do hereby authorize a review of, and full disclosure of, all criminal history records concerning myself to any duly authorized agent of the Sugar Land Police Department, whether said records are of a public, private or confidential nature.

I understand that any information obtained by a criminal history background investigation, which is developed, directly or indirectly, in whole or in part, upon this authorization release will be considered in determining my suitability for access to the Sugar Land Public Safety Dispatch Center. I also certify that any person(s) who furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Signature of Applicant

Date \_\_\_\_\_

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