SUBSCRIBER REQUEST

Please complete the following information for **all** requests. Incomplete information may cause a delay in service.

(1) GENERAL INFORMATION

Department Name (i.e. Health & Social Services) *Required*	Division (if applicable) (i.e. Juvenile Justice)	Agency (if applicable) (i.e. Fairbanks Youth Facility)	Date *Required*	Requestor Name *Required*	Contact Phone Number *Required*

Contact Email *Required*		Requested Due Date — All requests will be processed within two (2) business days. If this request is an emergency please follow up with a phone call to the ALMR Help Desk after submitting your request.	Area in which the Radio will be assigned. (Zone 1/South Zone, Zone 2/North Zone, Zone 3/South East Zone) *Required*

For Radios that will be permanently deleted from the system, agencies are responsible for sanitizing and scrubbing both encryption and codeplugs. By submitting this form to the ALMR Helpdesk you are verifying this process will be completed.

(2) REQUESTED SERVICE - An Excel spreadsheet will be accepted if submitted with this form

Enable (Add new to system) **Delete** (Remove from system) **Change** (Old and new information must be provided on all ID or Serial Number change requests) **Inhibit** (To disable or "brick") (Will still be carried on inventory) **Reinstate** (Reactivate from inhibit)	Make and Model	Portable (P) Mobile (M) Consolette(CON)	Radio ID # (SMO Help Desk will provide)	User Alias — The SMO provides the agency identifier portion for the alias while the user agency provides the unique identity portion. Twelve (12) digits are the maximum length allowed for the entire user alias.	Serial Number (Need the complete serial # on all Radios)	Interconnect Enabled Y/N (PSTN Telephone)	OTAP Enabled Y/N (Over The Air Programming) (May require license purchase)	KMF/OTAR User Group (Over The Air Rekey group)