



North Carolina Department of Health and Human Services
Division of Health Service Regulation

Mail completed form to: Office of Emergency Medical Services – Attention Engineering
2707 Mail Service Center ■ Raleigh, North Carolina 27699-2707

NORTH CAROLINA MEDICAL COMMUNICATIONS APPLICATION

NORTH CAROLINA VIPER MEDICAL NETWORK APPLICATION

Purpose of this application: (check all that apply)

- Request assignment of a new DTMF Code for a new UHF NCMCN radio installation.
Request an additional (second) DTMF Code for new or existing NCMCN UHF radio installation.
Change information on file with the State Office of EMS regarding an authorization.
Request assignment of a VIPER MEDICAL NETWORK (VMN) Address for an 800 MHz Hospital radio installation.
Other, explain:

Under the provisions of the Federal Communications Commission Rules section 90.179, application is hereby made to the State of North Carolina, Office of Emergency Medical Services for designation as a shared use station of the North Carolina Medical Communications Network UHF radio system. This radio station will be used for emergency communications necessary for rendition of medical services to the public and on a secondary basis for transmission of messages required for the efficient administration of facilities engaged in medical services operations. All communication emanating from this agency will be in strict accordance with applicable Federal Communications Commission Rules and Regulations. By submission of this application the applicant agency agrees to provide training in the operation of the radio system to all users and to maintain the radio control station in operational condition until released of the responsibility by the State.

Name of Applicant (Primary Agency Legal Name):

Agency Name (if different from Applicant Agency e.g. subservient hospital or agency):

Mailing Address:

City: County: State: Zip Code:

Street Address (where radio will be installed):

City: County: State: Zip Code:

Geographic Coordinates: Latitude: ° ' " N (degrees / minutes / seconds) Longitude: ° ' " W (degrees / minutes / seconds)

Describe the Height the radio antenna will be mounted Above Ground Level: feet above ground

Business Telephone: Emergency Telephone:

Fax:

Typed name of person responsible for radio operation:

Email address of person responsible and most familiar with this radio:

Radio Identification Requested for this radio (usually the name of the agency):

Applicant Signature: Date:

Typed name:

Title: