



**Alaska Land Mobile Radio Communications System
Interagency Talkgroup Sharing Agreement**

In order to provide the highest level of Interoperability and mutual aid services to the residents of the State of Alaska, responding agencies must have access to interoperable communications. It is the intent of the undersigned to share Public Safety frequencies and talkgroups (as listed below) between agencies within the following guidelines:

1. Agencies requesting to share their Talkgroups with another organization must have a signed Membership Agreement on file with the Operations Management Office.
2. Sharing frequencies and talkgroups that provide regional and statewide interoperability is for **official use only**.
3. Agencies who have a signed Talkgroup Sharing Request may use another agency's frequency or talkgroup when operationally necessary. This occurs most frequently at the host agency's request or when acting in a mutual aid capacity.
4. Some agencies routinely operate radio in an encrypted state, necessitating the sharing of security keys in order to enable radio interoperability. As such, each agency agrees that the programming of another agency's security keys/encryption will not be shared with other agencies or organizations outside the scope of this agreement.
5. Nothing in this agreement limits an agency from sharing their own frequencies, talkgroups and/or security keys with other agencies or organizations. This agreement only applies to the undersigned agencies. No other agency may be added without initiating a new agreement. **(fill in all gray fields)**

Requesting Agency:

Agency Name:

Contact Phone Number: _____

Contact Email Address:

Typed/Printed Name:

Signature/Date (required)

Owning/Approving Agency:

Agency Name:

Contact Phone Number: _____

Contact Email Address:

Typed/Printed Name:

Signature/Date (required)



INSTRUCTIONS: Fill in all gray fields below, as applicable. Owing agencies may be requested to provide their codeplug to the requesting agency for programming purposes.

TALKGROUP ALIAS/NAME	TALKGROUP ID (TO BE COMPLETED BY ALMR)	ALIAS/CKR NAME (Y/N)	C=CONSOLE S=SUBSCRIBER SPECIAL RESTRICTIONS
_____	_____	_____	INPUT
_____	_____	_____	SPECIAL
_____	_____	_____	INSTRUCTIONS
_____	_____	_____	AND ADDITIONAL
_____	_____	_____	TALKGROUPS
_____	_____	_____	BELOW
_____	_____	_____	
_____	_____	_____	

Provide any additional instructions in this area. **NOTE:** Actual encrypt key codes will NOT be entered on this form. The System Management Office and the customer will coordinate the proper key. Examples of special interest groups (i.e. drug enforcement, SERT, console only, etc.)

***NOTE: THIS IS A NON-FILLABLE FORM. PLEASE CONTACT THE ALMR OPERATIONS OFFICE (sherryshafer@5starteam.net) TO OBTAIN A FILLABLE FORM.**