



**DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF HOMELAND SECURITY  
FY 2003 STATE HOMELAND SECURITY GRANT  
PROGRAM**



**800 MHZ ITAC-ICALL RADIO TRAINING**

The Department of Public Safety, Divisions of Homeland Security and Administrative Services is sponsoring training and distribution sessions for 800 mhz ITAC-ICALL radios for EMS and OEM Directors. These radios were purchased through the FY 2003 State Homeland Security Grant Program.

**LOCATION:** Department of Public Safety Headquarters  
1111 Country Club Rd.  
Middletown, CT 06457-9294  
Room 245

**SCHEDULE**

| <u>Date</u>          | <u>Afternoon Sessions</u> | <u>Evening Sessions</u> |
|----------------------|---------------------------|-------------------------|
| May 20 <sup>th</sup> | 1:00 pm – 3:00 pm         | 6:00 pm – 8:00 pm       |
| May 21 <sup>st</sup> | 1:00 pm - 3:00 pm         | 6:00 pm - 8:00 pm       |
| May 24 <sup>th</sup> | 1:00 pm - 3:00 pm         | 6:00 pm – 8:00 pm       |
| May 26 <sup>th</sup> | none                      | 6:00 pm – 8:00 pm       |
| May 27 <sup>th</sup> | none                      | 6:00 pm – 8:00 pm       |

Every effort will be made to accommodate requests for dates. Dates will be assigned on a first come basis.

Please note the following conditions apply:

1. Recipients must attend the training to receive the radio.
2. If a recipient already attended training, he/she must pick up the radio at these assigned times.
3. Each recipient will need to sign for his/her radio. Only the person assigned to the radio will be allowed to sign for and leave with the radio.

Please fax back the attached registration form to (203) 805-6331.

Contact Information:      Mike Stemmler      Technical Issues      (860)685-8280  
    Rosemary Salerno      Scheduling Issues      (203)805-6577



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**800 MHZ ICAC-ICALL PERSONAL PROTECTIVE EQUIPMENT TRAINING REGISTRATION**

**MUNICIPALITY** \_\_\_\_\_

**ATTENDEES:**

Name: \_\_\_\_\_  
 Dept: \_\_\_\_\_  
 E:Mail: \_\_\_\_\_  
 Date: 1<sup>st</sup> Choice \_\_\_\_\_  
 Time: \_\_\_\_\_

Title: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 2<sup>nd</sup> Choice \_\_\_\_\_  
 \_\_\_\_\_

Name: \_\_\_\_\_  
 Dept: \_\_\_\_\_  
 E:Mail: \_\_\_\_\_  
 Date: 1<sup>st</sup> Choice \_\_\_\_\_  
 Time: \_\_\_\_\_

Title: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 2<sup>nd</sup> Choice \_\_\_\_\_  
 \_\_\_\_\_

While every effort will be made to accommodate all listed, registration will be made on a first come basis. Please fax completed form to (203)805-6331. Please direct all questions concerning this training to Rosemary Salerno (203)805-6577.