

**WYOLINK and WYOMING MUTUAL AID  
APPLICATION FOR SYSTEM ACCESS OR NEW TALKGROUP**

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

Requesting Agency: \_\_\_\_\_

Type of Request       New Talkgroup Request  
                              New Member  
                              Other \_\_\_\_\_

Type of Agency      **First Responder**  
                              Law Enforcement  
                              Fire Department  
                              Emergency Medical Service  
                              Homeland Security  
                              Communications Center  
                              Other \_\_\_\_\_

**Emergency Response Support**  
 Transportation  
 Support – Red Cross, Salvation Army, etc.  
 Weather Service  
 Public Works  
 Court Services  
 Regulatory  
 Other \_\_\_\_\_

Radio System       WyoLink  
                              Mutual Aid  
                              SALECS

Reason for Request: A non-governmental entity shall apply for WyoLink Membership with the sponsorship of a public safety agency, attach letter from sponsoring public safety agency.

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*(Attach Supporting Documentation)*

Name of individual completing application: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

Send Completed Application to:

WyoLink  
Wyoming Department of Transportation  
5300 Bishop Boulevard  
Cheyenne, WY 82009  
E-Mail Address: [wyoink@wyo.gov](mailto:wyoink@wyo.gov)

Mutual Aid Channel Approval: \_\_\_\_\_  
(If Requested) Wyoming Highway Patrol

Please complete the following for Mutual Aid Request:

Number of Mobile Radios:

Number of Portable Radios:

Number of Dispatch Centers:  
(Control Stations)