

Navarro County Volunteer Firefighter's Association

Personal Radio Usage Agreement

These procedures must be kept due to FCC regulations of radio frequencies. We must protect our organization, other agencies, and frequencies.

- Assigned call numbers shall always be used.
- No "C.B." language will be used on any frequency.
- It is a violation of law and FCC regulations to use profanity on our frequencies.
- Your radio shall always be controlled by you. You are responsible for the proper use of your radio by anyone.
- Our frequencies are to be used for fire department related business only. No personal use of the frequencies is allowed. Frequencies for Navarro County can only be used in Navarro County. There are several scene channels which should be used when on scene to keep the primary dispatch channels open. When arriving on scene, please ask the scene commander what scene channel to use.
- Do not intentionally transmit at the same time as others. If the channel is busy allow others to complete their transmission before talking.
- You must follow the Standard Operating Guidelines and Radio Procedures of the NCVFA. Failure to do so will result in the department Chief being notified of a violation.
- The following steps will occur with any violation of this agreement and/or NCVFA Radio Procedures:
 - 1) The first occurrence will result in a verbal warning from the department chief.
 - 2) The second occurrence will result in as written warning from the Association to you and to the chief of your department.
 - 3) The third occurrence will result in revoking your authorization to use any frequencies utilized by the Association. Failure to comply will result in a formal complaint to the FCC.

By my signature or by including my date of birth as an e-signature below I understand and fully agree to abide by the above procedures and I understand that my authorization and use of the NCVFA frequencies and its Affiliate's frequencies can be revoked at any time by NCFVA and the radio committee.

Date: _____

Member Signature: _____

Department: _____

Member Printed Name: _____

Approved by: _____

Member Date of Birth for e-sign: _____