# ALLEGHENY COUNTY 9-1-1 COMMUNICATIONS

## Radio ID (MDC) Code Request Form

**Identifier must be programmed at the BEGINNING of transmit when PTT is pushed**

**Agency Name:** **Contact Person:** **Title:** **Phone Number:**
**Date:**

| DEPARTMENT OR AGENCY INFORMATION | | | RADIO INFORMATION | | | | |
|---|---|---|---|---|---|---|---|
| MDC Identifier Number (4 Digits) | Assignment or Location of Radio | Department or Agency Name | Serial Number | Frequency Range | Manufacturer | Model | (Type) Portable, Mobile, Base) |
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