



<h2 style="margin: 0;">California Radio Interoperable System (CRIS)</h2>	<h2 style="margin: 0;">Demo Equipment Request</h2>
--	--

Agency Billing Code: _____	Agency Institution Code: _____
Agency Name (Please Print): _____	Number of Demo Radios Requested: _____
Address _____	
City _____	State _____ Zip _____
Contact Name (person responsible for equipment) Title _____	
Office Phone Number _____	Cell Phone Number _____ Email _____

By signing this form borrower agrees to adhere to all terms and conditions for use of equipment on the CRIS system as outlined in the CRIS Policies and Service Agreement.

Effective Loan Dates: From: _____ To: _____

Date Equipment Provided: _____	
Agency Signature: _____	Print Name: _____
CRIS Signature: _____	Print Name: _____

Date Equipment Returned: _____	
Agency Signature: _____	Print Name: _____
CRIS Signature: _____	Print Name: _____

The equipment is owned by Cal OES/PSC and must be safeguarded at all times. If lost or stolen it must be reported immediately to Cal OES/PSC at 916-894-5288. The borrower is responsible for replacement or repair of all equipment and accessories damaged, lost or stolen.

Mail completed form to: PSC Intake, 601 Sequoia Pacific Boulevard, Sacramento, CA 95811
 or email to: PSC.Intake@CalOES.ca.gov



For Cal OES-PSC Use Only

Mobile Radio	Make	Model	Serial #	Property #	"S"Number	Date Returned
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						