



Date: _____ Vehicle VIN: (last 5 digits) _____ PSC SYSTEM ID: _____

PSC Billing Code:
(Required)

Agency / Institution Code
(For PSC Use ONLY) -

Optional Agency Tracking Number:
 (For Agency Use ONLY - 10 Digits Max) _____

Agency Name _____

Comment:

Contact Name _____

Address _____

City / Zip _____

Telephone _____

Email Address _____

Vehicle Location _____

Service Provider _____

Address _____

City / Zip _____

Telephone _____

◆ Sub-Contractor (if used): _____

◆ Service Start Date: _____

◆ OES-PSC-214 Vehicle Check-In/Check-Out Required ◆ Service Completion Date: _____

Authorization to perform work on the following vehicle:

Year _____ Make/Type _____ License _____ Unit _____

Service Call Trip is a one-way fee based on the miles from the Subcontractors closest shop location to the clients location.

Service Call Trips 51-100 miles _____ Days 101+ miles _____ Days

Equipment to be installed or removed:

Inst	Rem	Type	Manufacturer/ Model	Serial #	PSC Service No.	Agency Property No.
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____



Vehicle VIN: (last 5 digits) _____ **PSC SYSTEM ID:** _____

Work to be performed shall be limited to those items checked on the following list:

Inst	Rem		Inst	Rem	
_____	_____	Trunk mount radio			Red/blue flashing light behind vehicle grill, complete
_____	_____	Front mount radio	<input type="checkbox"/>	<input type="checkbox"/>	Front mirror light
_____	_____	Heavy equipment radio	<input type="checkbox"/>	<input type="checkbox"/>	Tape recorder jack
<input type="checkbox"/>	<input type="checkbox"/>	Scanner receiver	<input type="checkbox"/>	<input type="checkbox"/>	Back flash
<input type="checkbox"/>	<input type="checkbox"/>	PA System with speaker	<input type="checkbox"/>	<input type="checkbox"/>	Kennel
<input type="checkbox"/>	<input type="checkbox"/>	Radio outside speaker	<input type="checkbox"/>	<input type="checkbox"/>	Concealed control head/mic
<input type="checkbox"/>	<input type="checkbox"/>	Cellular hands-free kit	<input type="checkbox"/>	<input type="checkbox"/>	Concealed trunk radio unit
<input type="checkbox"/>	<input type="checkbox"/>	Portable radio charger system	<input type="checkbox"/>	<input type="checkbox"/>	Concealed headliner mic assy
<input type="checkbox"/>	<input type="checkbox"/>	Radio console	<input type="checkbox"/>	<input type="checkbox"/>	Concealed siren switch
<input type="checkbox"/>	<input type="checkbox"/>	Map reading light			Rear light defeat toggle switch
<input type="checkbox"/>	<input type="checkbox"/>	Secure Idle	_____	_____	Shotgun rack & lock
<input type="checkbox"/>	<input type="checkbox"/>	Flashlight holder	<input type="checkbox"/>	<input type="checkbox"/>	Shotgun release button/timer
<input type="checkbox"/>	<input type="checkbox"/>	PA mic jack	<input type="checkbox"/>	<input type="checkbox"/>	MDT / Computer Mount
<input type="checkbox"/>	<input type="checkbox"/>	Speaker mute switch	<input type="checkbox"/>	<input type="checkbox"/>	Pistol lock box
_____	_____	Aux switch	<input type="checkbox"/>	<input type="checkbox"/>	Molded rear seat
_____	_____	Glass or roof mount antenna	<input type="checkbox"/>	<input type="checkbox"/>	Protective screen
<input type="checkbox"/>	<input type="checkbox"/>	Disguise cowl-mount antenna	<input type="checkbox"/>	<input type="checkbox"/>	Window bar set
_____	_____	Pillar spotlight	<input type="checkbox"/>	<input type="checkbox"/>	Door pop
<input type="checkbox"/>	<input type="checkbox"/>	Overhead spotlight	<input type="checkbox"/>	<input type="checkbox"/>	Door skins
<input type="checkbox"/>	<input type="checkbox"/>	Power Tamer	<input type="checkbox"/>	<input type="checkbox"/>	Push bumper
<input type="checkbox"/>	<input type="checkbox"/>	Neutral tap	<input type="checkbox"/>	<input type="checkbox"/>	Window drop
<input type="checkbox"/>	<input type="checkbox"/>	Electronic siren, complete	<input type="checkbox"/>	<input type="checkbox"/>	Fan
<input type="checkbox"/>	<input type="checkbox"/>	Lightbar	<input type="checkbox"/>	<input type="checkbox"/>	Heat / stall sensor
<input type="checkbox"/>	<input type="checkbox"/>	Wig-wag flasher, complete			
<input type="checkbox"/>	<input type="checkbox"/>	Arrow stick with controller			
<input type="checkbox"/>	<input type="checkbox"/>	Rear warning lights, complete			
<input type="checkbox"/>	<input type="checkbox"/>	Rear strobes (undercover only)			
<input type="checkbox"/>	<input type="checkbox"/>	Front corner strobes			

Hourly Installation Rate (HIR) Labor _____ Hours Authorized Install Technician Name: _____
 (Explain in comments box, above) (Printed Name Only)

To sign the form, click on the signature field, sign into your Adobe account, and use your signature. Do Not use the Fill & Sign button in Adobe DC.

Agency Authorization

PSC Area Supervisor Authorization

Print Name: _____
 Signature _____
 Date _____

Print Name: _____
 Signature _____
 Date _____

Upon completion of service forward this form to the following address:
 Public Safety Communications, Attn: Billing and Cost Recovery Unit, 601 Sequoia Pacific Blvd.,
 Sacramento, CA 95811-0231



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Mobile Radio Installation and Removal Services Agency, PSC and Contractor Instructions

1. SCOPE

The purpose of this document is to standardize procedures for agencies requiring Mobile Radio Installation and Removal Services. These instructions provide a detailed process for requesting services from Public Safety Communications (PSC) and using the Statewide Mobile Radio Installation and Removal Contract when necessary.

The intent of the Statewide Mobile Radio Installation and Removal Contract is to fill behind civil service positions when services cannot be performed by a PSC civil service position. PSC cannot predict when, where, and how often an Agency may initiate a large or urgent request for mobile radio installation/removal services. The work varies widely from month to month in terms of the number of vehicles requiring services and their locations. Due to the unpredictable nature of the work, external resources are required to fulfill the intermittently excessive workload demands. The statewide contract provides the required external support to aid Public Safety Communications meet workload demands for PSC Areas 1, 2, 4, 5, 6, 7, 8, 9, 10, 11 and 40 throughout the contract term.

The Statewide Mobile Radio Installation and Removal Contract for the period 06/11/2023 through 06/10/2026 was awarded to:

Company:	Stommel, Inc. dba Lehr
Contact Name:	Jim Stommel or Debbie Manzer
Contact Email:	TD213@lehrauto.com

Lehr is the prime contractor and has been authorized to use approved sub-contractors.

2. ORDERING INSTRUCTIONS

The Request for Mobile Radio Installation or Removal (OES-PSC-213) form is PSC's document for agencies to request and authorize mobile installation/removal work be performed on an Agency vehicle. The form allows the Agency to (1) provide a billing code for PSC to invoice the service charges, (2) identify their vehicle, (3) identify their radio equipment, and (4) specify the work to be performed from a list of standard installation/removal items. Additionally, it is PSC's authorization to either (1) PSC's Radio Shop/technician, or (2) the Statewide Mobile Radio Installation and Removal Contractor, to perform the work.

An Agency needing mobile radio installation or removal work must complete and submit a Request for Mobile Radio Installation or Removal (OES-PSC-213) form to PSC for each vehicle requiring services. Written approval on the OES-PSC-213 from a PSC Area Supervisor is required prior to the performance of all mobile radio work whether it is done by PSC personnel or through use of the Statewide Mobile Radio Installation and Removal contract. There are no exceptions to this procedure.



3. AGENCY INSTRUCTIONS FOR COMPLETING FORM OES-PSC-213

Please see Appendix A, Request for Mobile Radio Installation or Removal (OES-PSC-213) form, for reference to items A through L below.

- A. Date: Enter date of this request.
- B. Vehicle VIN: Enter the LAST 5-digits of the Vehicle Identification Number.
- C. PSC Billing Code: Enter valid PSC billing code for invoicing charges to your agency.
- D. Optional Agency Tracking Number: Enter your agency's tracking number (maximum of 10 - digits). Leave blank if not used.
- E. Agency Name: Enter name of agency; contact name; address; city / zip; telephone number; email address; and location of vehicle to be serviced.
- F. Service Provider: Leave blank. (PSC Area Supervisor will determine the service provider.)
- G. Authorization to perform work on the following vehicle:
 - 1) Enter Year of vehicle
 - 2) Enter Make/Model of vehicle
 - 3) Enter License Plate number of vehicle. Leave blank if not available.
 - 4) Enter Unit number of vehicle. Leave blank if not available.
 - 5) Choose the number of service trips required based on the mileage.
- H. Equipment to be installed or removed: Enter **ONLY radio(s) and siren controller equipment to be installed/removed.**
 - 1) Mark box for Install or Removal
 - 2) Enter Equipment Type
 - 3) Enter Manufacturer/Model
 - 4) Enter Serial Number
 - 5) Enter PSC Service Number
 - 6) Enter Agency Property Number
- I. Work to be performed: Mark box for Install or Removal next to each specific item of equipment to be installed or removed. When lines are shown for items, enter the quantity for each item to be installed or removed.
- J. Hourly Installation Rate (HIR) Labor: Mark box ONLY if work to be performed is not a listed item; include explanation of work in Comments box.
- K. Comments: If Hourly Installation Rate (HIR) box is marked, provide explanation of work being requested.
- L. Agency Authorization: Agency employee having authority to request work prints name, provides signature and enters date.
- M. After completion of steps A through L above, Agency needs to:
 - 1) Save the completed form using the Vehicle VIN number as the file name. This procedure helps to ensure the original document and/or subsequent requests are not confused with the completed request.



- 2) Email the completed form to the PSC Area Supervisor closest to where the Agency vehicle is located.
 - 3) For PSC Area Supervisor email addresses, go to:
- N. Upon email receipt of PSC Area Supervisor-approved OES-PSC-213 and notification of the service provider:
- 1) For PSC Radio Shop – Agency keeps scheduled PSC appointment.
 - 2) For Statewide Contractor – Agency contacts contractor to (1) discuss equipment install/removal service, (2) schedule an appointment, and (3) provide the Statewide Contractor with the PSC Area Supervisor-approved OES-PSC-213.
 - 3) Agencies should address any issues or concerns with the Statewide Contract to the PSC contract manager or the PSC Area Supervisor.

4. PSC AREA SUPERVISOR (AND AREA OFFICE TECHNICIAN) INSTRUCTIONS

- A. Upon receipt of the Agency's email and OES-PSC-213 request, the Area Supervisor:
- 1) Reviews the request.
 - 2) Determines the service provider based upon scheduling and the best interests of the state. The service provider may be a PSC Radio Shop or the Statewide Contractor. [Note: For large projects (50 or more installs/removals), supervisors may be able to obtain additional resources from Area 40; contact Troy Niemi to coordinate.]
 - 3) Enters Service Provider (F) name, address, city / zip, telephone.
 - 4) Determines Hourly Installation Rate (HIR) hours (if box was marked) and enters Hours Authorized (M).
 - 5) Prints name, provides signature and enters date in PSC Area Supervisor Authorization (N).
- B. Upon approved OES-PSC-213 from Area Supervisor, PSC Area Office Technician:
- 1) Verifies the PSC Billing Code is in PSC-ES (i.e., PSC's tracking and billing system) and is valid for invoicing Agency, then enters Agency/Institution Code (O) onto the OES-PSC-213. If billing code is not in PSC-ES, contact PSC Billing and Cost Recovery Unit.
 - 2) Inputs request into PSC-ES, then enters PSC System ID (P) onto OES-PSC-213.
 - 3) Enters printed name in the Install Technician Name field.
 - 4) Scans updated OES-PSC-213 and uploads the pdf document into their Area Office's Network folder.
 - 5) If Service Provider is a PSC Radio Shop, assigns work to the appropriate radio shop in PSC-ES system.
- C. When a PSC Radio Shop is the Service Provider, PSC Area Supervisor:
- 1) Emails Agency that a PSC Radio Shop is the service provider and provides the scheduled date and location of the service. The assigned shop/technician will be included on the email.



- D. When the Statewide Contractor is the Service Provider, PSC Area Supervisor:
 - 1) Emails Agency that the Statewide Contractor is the service provider and attaches the scanned and PSC-approved OES-PSC-213 to the email.
 - 2) After notification of installation date by Statewide Contractor, arranges for PSC personnel to perform the Post Installation Functional Check-Out (OES-PSC-216).

5. STATEWIDE CONTRACTOR INSTRUCTIONS

- A. The contractor shall comply with the standard practice specified in the Mobile Radio Installation and Removal Services contract, its objectives, procedures, references, instructions, and testing.
- B. The Statewide Contractor must obtain a OES-PSC-213 form with a signed PSC Area Supervisor Authorization (including PSC System ID number) before accepting work under the Statewide Mobile Installation and Removal Contract.
- C. After accepting work, Statewide Contractor must:
 - 1) Perform a Vehicle Check-In Check-Out using OES-PSC-214 form.
 - 2) Update the Service Provider section of OES-PSC-213 form with the Sub-Contractor name (if used), the Service Start Date, and the Service Completion Date.
 - 3) Notify the PSC Area Supervisor of the Sub-Contractor, service location and scheduled date of installation service so PSC staff can arrange to perform the Post Installation Functional Check-Out (OES-PSC-216).
- D. Upon completion of installation service, the Statewide Contractor must:
 - 1) Notify PSC Area Supervisor of the service completion so a PSC technician can perform the Post Installation Functional Check-Out (OES-PSC-216).
- E. Upon completion of mobile radio installation or removal services, invoices must:
 - 1) Contain charges for only one client agency (i.e., services for multiple agencies cannot be on the same invoice).
 - 2) Include the OES-PSC-213 form signed by the PSC Area Supervisor (with PSC System ID) that has been updated to show (1) Sub-Contractor name – if sub-contractor is used, (2) Service Start Date, and (3) Service Completion Date.
 - 3) Include completed OES-PSC-214 (Vehicle Check-In Check-Out) form.
- F. Submit invoices to:

Public Safety Communications
Attn. Billing and Cost Recovery Unit
601 Sequoia Pacific Boulevard
Sacramento, CA 95811-0231



APPENDIX A



Print Form

Reset Form

Date: **A** Vehicle VIN: (last 5 digits) **B** PSC SYSTEM ID: **P**

PSC Billing Code: **C**
 (Required)

Agency / Institution Code **O** -
 (For PSC Use ONLY)

Optional Agency Tracking Number:
 (For Agency Use ONLY - 10 Digits Max) **D**

Agency Name **E**

Comment:

Contact Name _____
 Address _____
 City / Zip _____
 Telephone _____
 Email Address _____
 Vehicle Location _____

K

Service Provider **F**
 Address _____
 City / Zip _____
 Telephone _____

◆ Sub-Contractor (if used): _____ ◆ Service Start Date: _____

◆ OES-PSC-214 Vehicle Check-In/Check-Out Required ◆ Service Completion Date: _____

Authorization to perform work on the following vehicle: **G**

Year _____ Make/Type _____ License _____ Unit _____

Equipment to be installed or removed: **H**

Inst	Rem	Type	Manufacturer/ Model	Serial #	PSC Service No.	Agency Property No.
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____



Work to be performed shall be limited to those items checked on the following list: |

Inst	Rem		Inst	Rem	
_____	_____	Trunk mount radio	<input type="checkbox"/>	<input type="checkbox"/>	Red/blue flashing light behind vehicle grill, complete
_____	_____	Front mount radio	<input type="checkbox"/>	<input type="checkbox"/>	Front mirror light
_____	_____	Heavy equipment radio	<input type="checkbox"/>	<input type="checkbox"/>	Tape recorder jack
<input type="checkbox"/>	<input type="checkbox"/>	Scanner receiver	<input type="checkbox"/>	<input type="checkbox"/>	Back flash
<input type="checkbox"/>	<input type="checkbox"/>	PA System with speaker	<input type="checkbox"/>	<input type="checkbox"/>	Kennel
<input type="checkbox"/>	<input type="checkbox"/>	Radio outside speaker	<input type="checkbox"/>	<input type="checkbox"/>	Concealed control head/mic
<input type="checkbox"/>	<input type="checkbox"/>	Cellular hands-free kit	<input type="checkbox"/>	<input type="checkbox"/>	Concealed trunk radio unit
<input type="checkbox"/>	<input type="checkbox"/>	Portable radio charger system	<input type="checkbox"/>	<input type="checkbox"/>	Concealed headliner mic assy
<input type="checkbox"/>	<input type="checkbox"/>	Radio console	<input type="checkbox"/>	<input type="checkbox"/>	Concealed siren switch
<input type="checkbox"/>	<input type="checkbox"/>	Map reading light	_____	_____	Rear light defeat toggle switch
<input type="checkbox"/>	<input type="checkbox"/>	Secure Idle	_____	_____	Shotgun rack & lock
<input type="checkbox"/>	<input type="checkbox"/>	Flashlight holder	<input type="checkbox"/>	<input type="checkbox"/>	Shotgun release button/timer
<input type="checkbox"/>	<input type="checkbox"/>	PA mic jack	<input type="checkbox"/>	<input type="checkbox"/>	MDT / Computer Mount
<input type="checkbox"/>	<input type="checkbox"/>	Speaker mute switch	<input type="checkbox"/>	<input type="checkbox"/>	Pistol lock box
_____	_____	Aux switch	<input type="checkbox"/>	<input type="checkbox"/>	Molded rear seat
_____	_____	Glass or roof mount antenna	<input type="checkbox"/>	<input type="checkbox"/>	Protective screen
<input type="checkbox"/>	<input type="checkbox"/>	Disguise cowl-mount antenna	<input type="checkbox"/>	<input type="checkbox"/>	Window bar set
_____	_____	Pillar spotlight	<input type="checkbox"/>	<input type="checkbox"/>	Door pop
<input type="checkbox"/>	<input type="checkbox"/>	Overhead spotlight	<input type="checkbox"/>	<input type="checkbox"/>	Door skins
<input type="checkbox"/>	<input type="checkbox"/>	Power Tamer	<input type="checkbox"/>	<input type="checkbox"/>	Push bumper
<input type="checkbox"/>	<input type="checkbox"/>	Neutral tap	<input type="checkbox"/>	<input type="checkbox"/>	Window drop
<input type="checkbox"/>	<input type="checkbox"/>	Electronic siren, complete	<input type="checkbox"/>	<input type="checkbox"/>	Fan
<input type="checkbox"/>	<input type="checkbox"/>	Lightbar	<input type="checkbox"/>	<input type="checkbox"/>	Heat / stall sensor
<input type="checkbox"/>	<input type="checkbox"/>	Wig-wag flasher, complete			
<input type="checkbox"/>	<input type="checkbox"/>	Arrow stick with controller			
<input type="checkbox"/>	<input type="checkbox"/>	Rear warning lights, complete			
<input type="checkbox"/>	<input type="checkbox"/>	Rear strobes (undercover only)			
<input type="checkbox"/>	<input type="checkbox"/>	Front corner strobes			

J Hourly Installation Rate (HIR) Labor _____ Hours Authorized **M** Install Technician Name: _____
 (Explain in comments box, above)

Agency Authorization

Print Name: **L** _____
 Signature _____
 Date _____

PSC Area Supervisor Authorization

Print Name: **N** _____
 Signature _____
 Date _____

Upon completion of service forward this form to the following address:
 Public Safety Communications, Attn: Billing and Cost Recovery Unit, 601 Sequoia Pacific Blvd.,
 Sacramento, CA 95811-0231