



New WCPSN User Form



This form should be submitted as soon as possible for new staff who need access to Warren County Public Safety Network applications, websites, or a token. Once received, Telecom will build the necessary accounts and grant appropriate permissions. This form can be submitted to help@wcoh.net by any listed person on your Agency's Department Authorization Form.

DEPARTMENT _____ Date _____

USER INFORMATION

First Name _____ M.I. _____ Last Name _____
Email _____ Mobile # _____
Division _____ Carrier _____

Complete if Law Enforcement

Need a Secure Token? No Yes Account ID: _____
Badge # _____ What access is this user approved for?
CAD ID _____ Law Mobile
OLN _____ Law CAD Browser
Title/Rank _____ Field Ops
Role(s) _____ RMS

Complete if Fire/EMS

Need a Secure Token? No Yes Account ID: _____
Cert # _____ What access is this user approved for?
Cert Level _____ Fire CAD Browser ePCR/WebPCR
ePCR Password _____ Field Ops ZDMC
 RescueNet Web Reporting FRMS*

**web via token. Telecom does not maintain user accounts.*

Complete if Warren County Employee

Need a Secure Token? No Yes Account ID: _____
What access is this user approved for?
 Reports Site from the WCPSN Gateway

USER AGREEMENT

By signing this document I agree to not share my User Accounts, Passwords or token with anyone, including Management. I understand my duty to notify Telecom within 72 hours at 513.695.HELP (4357) if my token is lost, stolen, damaged, or malfunctioning. Replacement costs for my lost or physically damaged token will be billed to my agency.

Signature of User

Signature of Authorizing Party