**Berks County Department of Emergency Services**

**Law Enforcement Unit Request Form**

**Agency Name:**       **Agency ORI:**

**Law Enforcement Unit Radio ID’s**

|  |  |  |
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| **Unit #** | **Description** | **Add Unit Numbers****List unit numbers to be added next to the corresponding description. Separate multiple unit numbers with a “,”. See example below.** |
| ***1-29*** | ***Patrol or Generic Type for Department*** | ***Example: 4315, 4316, 4321, 4322, 4323, 4324*** |
| **1-29** | **Patrol or Generic Type for Department** |  |
| **30** | **K9 Supervisor** |  |
| **31-33** | **K9 Patrol Only** |       |
| **34-36** | **K9 Narcotics** |  |
| **37-39** | **K9 Explosives** |  |
| **40** | **Traffic Supervisor** |  |
| **41-45** | **Traffic** |  |
| **46-49** | **Traffic – Crash** |  |
| **50** | **Special Detail Supervisor** |  |
| **51-59** | **Special Detail/Undefined** |  |
| **60** | **Warrant Unit Supervisor** |  |
| **61-69** | **Warrant** |  |
| **70-76** | **Transport** |  |
| **77-79** | **PFA** |  |
| **90** | **Police Chief** |  |
| **91** | **On-duty Ranking Supervisor** |  |
| **92-99** | **Supervisor** |  |
| **901-910** | **Investigative Supervisor** |  |
| **912-999** | **Investigator/Detective/Plain Clothes** |  |

 (See Appendix G II Law Unit Radio ID Summary of the Radio System SOPs for more information)

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| **SUBMITTED BY** |

|  |  |
| --- | --- |
| **Name:**  |  |
| **Title:**  |  | **Date:**  |  |

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| **DO NOT WRITE BELOW LINE – FOR DES USE ONLY** |
|  |
| Form Received By: |  | Date: |  |
| CAD Updated By: |  | Date: |  |
| Mobile Update Completed By: |  | Date: |  |

**Return Completed Form To:** **BerksDES@countyofberks.com** **or FAX: 610-655-4902**