Print Form

State of California
California Governor's Office of Emergency Services
REQUEST FOR MOBILE RADIO INSTALLATION OR REMOVAL
TDe-213 (REV. 11/2014)

PUBLIC SAFETY COMMUNICATIONS

Date: _____ **Vehicle VIN:** _____ (Last 5 Digits of Vehicle VIN) **PSC Agency Billing Code:** ☐☐☐☐☐ (Required)

Optional Agency Tracking Number: _____ (For Agency Use ONLY – 10 Digits Max) Agency / Institution Code: ☐☐☐ - ☐☐☐ (For PSC Use ONLY)

Agency Representative _____
Address _____
City / Zip _____
Telephone _____
Vehicle Location _____

Service Provider _____
Address _____
City / Zip _____
Telephone _____

Comment:

Technician _____ DC# _____ (For PSC Use ONLY)

Requested Start Date of Service: _____ | **◆Actual Completion Date of Service:** _____

► Authorization to perform work on the following vehicle:
Year _____ Make/Type _____ License _____ Unit _____

► Equipment to be installed or removed:

Inst	Rem	Type	Manufacturer/Model	Serial #	PSC Service No.	Agency Property No.
☐	☐					
☐	☐					
☐	☐					

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

Inst	Rem		Inst	Rem		Inst	Rem	
☐	☐	At agency site, 10-60 miles	___	___	Glass or roof mount antenna	☐	☐	Concealed control head/mic
☐	☐	At agency site, 61-120 miles	☐	☐	Disguise cowl-mount antenna	☐	☐	Concealed trunk radio unit
☐	☐	At agency site, over 120 miles	☐	☐	Pillar spotlight	☐	☐	Concealed headliner mic assy
___	___	Trunk mount radio	☐	☐	Overhead spotlight	☐	☐	Concealed siren switch
___	___	Front mount radio	☐	☐	Power Tamer	___	___	Rear light defeat toggle switch
___	___	Heavy equipment radio	☐	☐	Neutral tap	___	___	Shotgun rack & lock
☐	☐	Scanner receiver	☐	☐	Electronic siren, complete	☐	☐	Shotgun release button/timer
☐	☐	PA System with speaker	☐	☐	Lightbar	☐	☐	MDT / Computer Mount
☐	☐	Radio outside speaker	☐	☐	Wig-wag flasher, complete	☐	☐	Pistol lock box
☐	☐	Cellular hands-free kit	☐	☐	Arrow stick with controller	☐	☐	Molded rear seat
☐	☐	Portable radio charger system	☐	☐	Rear warning lights, complete	☐	☐	Protective screen
☐	☐	Radio console	☐	☐	Rear strobes (undercover only)	☐	☐	Window bar set
☐	☐	Map reading light	☐	☐	Front corner strobes	☐	☐	Door pop
☐	☐	Portable radio charger system with linear amp	☐	☐	Red/blue flashing light behind vehicle grill, complete	☐	☐	Door skins
☐	☐	Flashlight holder	☐	☐	Front mirror light	☐	☐	Push bumper
☐	☐	PA mic jack	☐	☐	Tape recorder jack	☐	☐	Window drop
☐	☐	Speaker mute switch	☐	☐	Back flash	☐	☐	Fan
___	___	Aux switch	☐	☐	Kennel	☐	☐	Heat / stall sensor

☐ ★Hourly Installation Rate (HIR) Labor (Explain in comments box, above) ★Hours Authorized _____

☐ If HIR box is checked, vendor ***must*** provide a Pre-Installation Client Request form (TD-215)

Agency Authorization
Print Name: _____
Signature ✍ _____
Date: _____

PSC Area Supervisor Authorization
Print Name: _____
Signature ✍ _____
Date: _____

◆Upon completion of service forward this form to the following address:

Public Safety Communications, Attn: Billing Unit, 601 Sequoia Pacific Blvd., Sacramento, CA 95811-0231