

Walk Through Alerting Authority Form

Application for IPAWS Public Alerting Authority

COG Name: _____ COG ID#: _____

Dissemination Systems Requested:

- Emergency Alert System (EAS)
- Commercial Mobile Alert System (CMAS)
- National Weather Service All Hazards Emergency Message Collection System (HazCollect)

Is this a statewide system?

Yes No

If no, please list the name(s) and FIPS Code(s) for your geographic area of responsibility:

Address: _____ FIPS Code: _____

Event Codes: (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Avalanche Warning (AWW) | <input type="checkbox"/> EAS/CMAS/HazCollect | <input type="checkbox"/> EAS/HazCollect Event Codes |
| <input type="checkbox"/> Civil Danger Warning (CDW) | <input type="checkbox"/> Law Enforcement Warning (LEW) | <input type="checkbox"/> Administrative Message (ADM) |
| <input type="checkbox"/> Civil Emergency Message (CEM) | <input type="checkbox"/> Local Area Emergency (LAE) | <input type="checkbox"/> Avalanche Watch (AWA) |
| <input type="checkbox"/> Earthquake Warning (EQW) | <input type="checkbox"/> Nuclear Power Plant Warning (NUPW) | <input type="checkbox"/> Child Abduction Emergency (CAE) |
| <input type="checkbox"/> Evacuation Imminent (EVI) | <input type="checkbox"/> Radiological Hazard Warning (RH-W) | <input type="checkbox"/> Telephone Outage Emergency (TOE) |
| <input type="checkbox"/> Fire Warning (FRW) | <input type="checkbox"/> Shelter in Place Warning (SPW) | Test Codes |
| <input type="checkbox"/> Hazardous Materials Warning (HMW) | <input type="checkbox"/> Shelter in Place Warning (VOW) | <input type="checkbox"/> Required Monthly Test (RMT) |
| | | <input type="checkbox"/> Required Weekly Test (RWT) |

The undersigned has reviewed this application and the public alerting authorities requested by the applicant are consistent with the state Emergency Alert System plan, AMBER Alert System plan, or other operational public warning plans.

For the State of _____ Agency: _____ Date: _____

Signature: _____ Title: _____

Name: _____ Telephone: _____

Email: _____

COG ID#: This will be assigned later, leave it blank

What kind of alerts do you want to send? (usually all are checked)

Are you alerting for the whole state? (no)

What county are you alerting for? (we can fill in the FIPS code for you)

What kind of emergencies will you alert for? (usually all except AVW, NUW, VOW, AVA, CAE, RMT)

Jimmy fills this part out indicating that the state has coordinated with the county in accordance with state alert and warning plans



FEMA