Galloway Township
Office of Emergency Management
Community Emergency/Disaster Radio Operations Network

Application for CEDRON Repeater Access

Name: _____ Phone: _____

Address: _____

GMRS Call Sign: _____ GMRS License Expiration Date: _____

I reside and/or work in Galloway Township as a:

☐ First Responder ☐ Government/School Official ☐ Church/NGO Official

☐ Healthcare Manager ☐ Business/Utility Manager ☐ SKYWARN Weather Spotter

☐ Other: _____ ☐ I am requesting to serve as a Sector Observer

Please attach a copy of your agency ID; for Sector Observer applicants please attach a copy of your NJ Driver's License.

Are you currently under indictment or have any past non-expunged convictions for an indicatable crime in this state or any other state? ☐ Yes ☐ No
A "yes" response is not an automatic disqualification and will be referred to the Police Department for review.

If I am granted CEDRON Repeater access, I agree with the following:

1. I will purchase a GMRS radio at my own expense.
2. I will attend a 1-hour CEDRON training course.
3. I will abide by FCC and Galloway Township OEM regulations.
4. I will periodically participate in CEDRON check-in nets for training purposes.
5. I understand that CEDRON Repeater access does not qualify me as a member of OEM.
6. I understand that CEDRON Repeater access may be revoked for just cause.

Applicant Signature: _____ Date: _____

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☐ Application Approved

☐ Application Denied for the following reason(s):

Coordinator Signature: _____ Date: _____