

**HICAPS NOTIFICATION
FOR SECOND TOUCH VIPER RADIO PROGRAMMING**

**You must list each mobile, portable, or consolette radio AND
attach the current codeplug**

This form requests HICAPS to arrange and schedule second touch programming for the listed radios

Name of Agency: _____ (as listed in OEMS CIS)

OEMS CIS Agency Number: _____

1. VIPER RADIO SERIAL #: _____ MODEL #: _____ VIPER ID #: _____

Please provide the current codeplug file name: _____

If no changes were made since 1st Touch Programming, HICAPS should have the codeplug archive on file. If changes were made, you must provide a copy of the revised codeplug and email it to HICAPS.

2. VIPER RADIO SERIAL #: _____ MODEL #: _____ VIPER ID #: _____

Please provide the current codeplug file name: _____

If no changes were made since 1st Touch Programming, HICAPS should have the codeplug archive on file. If changes were made, you must provide a copy of the revised codeplug and email it to HICAPS.

3. VIPER RADIO SERIAL #: _____ MODEL #: _____ VIPER ID #: _____

Please provide the current codeplug file name: _____

If no changes were made since 1st Touch Programming, HICAPS should have the codeplug archive on file. If changes were made, you must provide a copy of the revised codeplug and email it to HICAPS.

4. VIPER RADIO SERIAL #: _____ MODEL #: _____ VIPER ID #: _____

Please provide the current codeplug file name: _____

If no changes were made since 1st Touch Programming, HICAPS should have the codeplug archive on file. If changes were made, you must provide a copy of the revised codeplug and email it to HICAPS.

ATTACH ADDITIONAL COPIES OF THIS FORM IF NEEDED

Name of person completing this form (person to contact to schedule programming):

Name: _____

Title: _____

Day Time Telephone number: _____

Email address: _____

Date: _____

Return to by email to:

**Ms. Crystal Fulcher, Program Manager
HICAPS Telecommunications
Telephone: 336/665-1234 (main)
207/712-7773 (cell)
Email: crystal@hicaps.com**