

Oregon State Interoperability Executive Council

# Nomination Form

Please complete and submit this form by **Friday, May 10th, 2024**

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| **CONTACT INFORMATION:** |

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| Full Name: |  | Mailing Address: |  |
| Title: |  | Email Address |  |
| District Name: |  | Phone Number: |  |

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| **PLEASE ANSWER THE FOLLOWING QUESTIONS:** |

1. Describe your understanding of communication interoperability among state, local, tribal and federal public safety agencies:

2. Describe challenges you are aware of for developing and implementing a statewide communication interoperability system:

3. What specific expertise do you have in the area of emergency communications and communications interoperability?

4. Describe how your background and expertise will add value to the Council:

5. Is your district supportive of the time commitment to serve on the Council?

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| **TO SUBMIT YOUR FORM:** |

Please send completed form to:

SDAO | PO Box 12613 | Salem, OR 97309-0613

Or by email to:

memberservices@sdao.com