MIR3 Notification Program
Administrator Designee and Acceptance of the Statement of Understanding

Jurisdiction	_____	**Administrator Name**	_____
Mailing Address	_____	**Administrator Title**	_____
	_____	**Administrator Email**	_____
		Administrator Phone #	_____

Checklist – The following items have been provided

- ☐ MIR3 Statement of Understanding
- ☐ Pre-Paid Minutes and Administrator/Initiator Account Allocations
- ☐ Administrator Designee and Acceptance of the Statement of Understanding

Certification and Signature of Authorized Agent

By signing below, I hereby certify that I am the duly appointed Authorized Agent and Have the authority to designate our Administrator and to accept and the agree to the Statement of Understanding for the MIR3 Notification program, which is attached hereto and incorporated herein by reference. .

_____	_____
Signature of Authorized Agent	*Print Name*
_____	_____
Title	*Date*

Please return this completed form to:

OCSD/Emergency Management Bureau
Attn: Peggy Erdner, Senior Emergency Program Coordinator
2644 Santiago Canyon Road
Silverado, CA 92676

Date Received Signed Agreement	_____	**Administrator Login**	_____
Request sent to MIR3	_____	**Administrator Password**	_____
Date Received from MIR3	_____	**Date Administrator Notified**	_____