

# MARCSIP Service Subscription Guidance

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## General Guidance:

### Form Submission Guidelines

- a. All forms must be submitted by subscribing agency personnel authorized to make fiduciary transactions.
- b. Submit all forms via one of the following choices listed by preference:
  - a. Email: [DAS-MARCS.Admin@das.ohio.gov](mailto:DAS-MARCS.Admin@das.ohio.gov)
  - b. Fax: 614-995-0067, Attn: MARCSIP Services
  - c. Mail: Ohio MARCS Program Office, 4200 Surface Rd., Columbus, Ohio 43228.
- c. Emailed requests must come from the subscribing agency's official email account or from the official email account of the subscribing agency's authorized agent.
- d. Forms emailed as attachments, must include name, title, phone number, position and affiliation that the submitter has with subscribing agency within the body of the email message.
- e. Forms submitted by a third party on behalf of the subscribing agency will not be accepted.

### Questions/Contact Information

Specific questions may be answered by calling 614-995-0060, or by sending an email to [DAS-MARCS.Admin@das.ohio.gov](mailto:DAS-MARCS.Admin@das.ohio.gov).

### New Subscribers:

#### Definition of a New Subscriber

**A New Subscriber is an agency that meets** either of the following conditions:

- a. Your agency has not had any communication devices programmed for the MARCS system.
- b. Your agency has had communication devices programmed for MARCS, but your agency did not pay for the service.



New subscribers should follow the four steps in the order they are listed on the [MARCS website, Subscriber Process tab](#).

**Step 1: Review MARCSIP Services and Rates.pdf** – This one-page document describes the current service offerings and rates for MARCSIP services. The rates are applicable to all MARCSIP subscribers.

**Step 2: Review MARCSIP Terms and Conditions.pdf** – This document outlines the terms and conditions for MARCSIP services. In addition to defining the terms of the agreement, it also identifies the parties and their responsibilities, specifies inventory guidelines, and explains the invoicing and payments of services.

**Step 3: Submit MARCSIP Agreement Forms.pdf** – This form is the signature page that binds the agreement between MARCS and the subscriber. Signing and submitting this document certifies that the subscribing agency agrees to MARCSIP Terms and Conditions.

- a. All fields within section I, Subscriber Information, are required to be completed.
- b. The remitting Agency and profile information listed under the Billing information section is where the invoice for services will be mailed.
- c. By selecting the check box, or by omitting information under the Billing Information section, the invoices will be issued to Subscriber Agency.
- d. The form can be submitted in one of two ways:
  - a. Electronically – an electronic or digital signature can be applied to the form and the form can then be submitted by emailing the form to [DAS-MARCS.Admin@das.ohio.gov](mailto:DAS-MARCS.Admin@das.ohio.gov)
  - b. By hand –The form may be printed, signed by hand, and either faxed or mailed via USPS, or scan and email it to [DAS-MARCS.Admin@das.gov](mailto:DAS-MARCS.Admin@das.gov)
- e. Once the form is received by the MARCS Program Office, it will be reviewed. When approved, it will be signed by the MARCS Program Director and returned to the Subscribing Agency by email.



**Step 4: Submit MARCSIP Devices Form** – This Excel form has two parts 1) the first tab requests Subscriber Information, Subscriber Local Radio Technician, Programmer Information, Comments, and Subscriber Email Notification List for MARCS Outages, and 2) the second tab requests detailed device information to be activated, replaced or deactivated.

- f. The completed Excel form should be attached in an email message and sent to [DAS-MARCS.Admin@das.ohio.gov](mailto:DAS-MARCS.Admin@das.ohio.gov) . This email must be sent from someone within the agency that is authorized to make purchases for that agency.
- g. Subscriber Information – Complete the entire Subscriber Information section. New subscribers will be required to complete and submit a MARCSIP Service Subscriber Agreement form along with the MARCSIP Devices Form.
- h. Subscriber Local Radio Technician–List the contact name, title, phone and email address the person within your organization who can answer technical questions about your devices. Leave sections blank if you do not have a technical contact.
- i. Programmer Information –List the programmer choice, city, name, phone, email address and authorization for who will complete your device programming. If you do not have anyone scheduled and you wish to have MARCS Programming Staff program your devices, list that option. This information allows us to route your activated device identification numbers to the appropriate recipient.
- j. User Fee Payment Information – Select the drop-down box for your preferred billing cycle (State Annual or Quarterly). If you are a current subscriber please select the billing cycle that you are invoiced.
- k. Comments – List any additional information about the subscriber, devices, or technical and programming contacts.
- l. Subscriber’s Email Notification List for MARCS Outages- List email addresses of all those within your organization who need to receive notification when MARCSIP is experiencing technical difficulties.



- m. Device Form –List subscriber/agency name, submitter, title, device make, model, type, serial number, agency county, type, primary system, non-MARCS ID, roaming, and user location for each device.

If your request contains more than (100) devices a second device form should be submitted for the remaining devices.

## Existing Subscribers:

### Definition of an Existing Subscriber

- a. You are considered an **existing subscriber** if any one of the following applies:
  - b. You currently have devices programmed for MARCSIP and your agency is paying the subscriber fees.
  - c. Your agency does not have devices programmed for MARCSIP, but you are paying the subscriber fees for another agency.
  - d. Your agency is paying the subscriber fees for the MARCSIP system.
1. Existing subscribers may select from multiple forms depending upon the request type using the forms listed under the Existing Subscribers section of the website.

**MARCSIP Devices Form** – Use this form to activate new devices, replace existing devices or deactivate devices onto the MARCSIP *system*. For more detailed information about the form, please reference Step 4 listed under the New Subscribers section.

- a. **Transferring Equipment to Another Agency – Equipment Transfer Receipt Form** –Use this form to transfer devices from one agency to another. The agency that receives the devices will be responsible for the subscriber fees.
  1. Enter the receiving agency name, address, county, contact name, phone and email address for the receiving agency under the Subscriber section. Enter the



transferring agency name, location and county by over-writing the bolded “Enter transferring agency name, location and county” section.

2. Enter identifying information identifying for each device into the table provided. More rows may be added to the table for additional device.
  3. The Signature section must be completed by the receiving agency.
  4. If multiple devices are being transferred to multiple agencies, separate Equipment Transfer Receipt Forms must be submitted for each receiving agency.
  5. If the receiving agency is not a current MARCSIP subscriber, that receiving agency must also complete steps 1 through 3 listed under the New Subscribers section.
- b. **Changes to Existing Inventory – MARCSIP Devices Form –** Use this form to – Use this form to activate new devices, replace existing devices, or update any device specific information.
1. The agency responsible for subscriber fee payments is responsible for completing this form. Enter the Subscriber/Agency Name and the County.
  2. If **one device is replacing another**, where the device ID remains activated, but will be assigned to another device, then:
    - a. Select “Replace” in the column named REQUEST.
    - b. Enter or Select device MAKE
    - c. Enter or Select device MODEL
    - d. Enter MARCS DEVICE ID. Enter device SERIAL NUMBER for the existing device that will be replaced.
    - e. Enter the NEW SERIAL NUMBER for the new replacement device.
    - f. Enter values in the, TYPE, PRIMARY SYSTEM, ROAMING, and USER LOCATION fields only if any values are changing as a result of the replacement.



3. If a device requires **permanent deactivation**, then:
  - a. Select “Deactivate” in the column named REQUEST.
  - b. Enter MARCS DEVICE ID.
  - c. Enter device SERIAL NUMBER
- c. **Update Contact or Billing Information – MARCSIP Subscriber Information Update.pdf** – Use this form to update MARCS Program Office with any subscriber profile, billing contact, technical contact or system notification email address changes.
  1. Enter existing information on the left side of the form, and any updates on the right side of the form.
  2. Enter the MARCS Customer ID listed on your invoice to correctly identify the account Enter Subscribing Agency Name, Address, City, State, Zip and County on the left side.
  3. The MARCSIP Subscriber Information Update Form may be submitted:
    - a. Electronically – Apply an electronic or digital signature by clicking the Submit by Email button. This will lock all the fields.
    - b. By hand –Print and Signed by hand and then mail it to MARCS via USPS or scan and email to [DAS-MARCS.Admin@das.ohio.gov](mailto:DAS-MARCS.Admin@das.ohio.gov) .
  - d. All forms are to be submitted according to the directions listed under General Guidance at the beginning of this document.

## Miscellaneous Forms:

### **Shared TalkGroup Memorandum of Understanding**

**(MOU) Template** Use this template only to share dedicated talkgroups with other agencies for the purpose of mutual aid.

- a. It is not required to use this Authorization template, all of the information contained within the template must be included on the agency’s own authorization letter.
- b. If using the template: Copy template onto the owning agency’s letterhead.





- c. Obtain signature of the owning agency director or Chief Operations Officer.

### **After Form Submission is Complete:**

- a. We process requests on a first in and first out (FIFO) basis in the order in which they are received.
- b. The MARCS Device Management staff will notify you when your Device IDs are activated. MARCS Programming staff will contact you regarding your agency programming requirements.
- c. If you have any questions related to MARCS, you may contact the MARCS Network Operations Center 24x7x365 days a year at 866-646-2727.