

# ALERTMB

## Manitoba Public Alerting Program

### Authorized Jurisdiction Designation Form

#### Participating Jurisdiction:

The identified jurisdiction hereby applies for access to the AlertMB - Manitoba Public Alerting Program by designating on its behalf the following individuals to be trained as Authorized Call-in Issuers. Authorized jurisdictions must have a minimum of one Authorized Call-in Issuer.

Legal Name of Jurisdiction <i>(example: City/RM/Town of [municipality])</i>	
Mailing Address:	
Postal Code:	
Email:	
Phone Number:	

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#### Call-in Issuer #1 (required):

Last Name:		First Name:	
Organization <i>(if different from above):</i>		Position:	
Street Address <i>(if different from above):</i>			
City/Town:		Postal Code:	
Email:			
Primary Phone #:		Alternate #:	

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#### Call-in Issuer #2 (optional):

Last Name:		First Name:	
Organization <i>(if different from above):</i>		Position:	
Street Address <i>(if different from above):</i>			
City/Town:		Postal Code:	
Email:			
Primary Phone #:		Alternate #:	

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#### Call-in Issuer #3 (optional):

Last Name:		First Name:	
Organization <i>(if different from above):</i>		Position:	
Street Address <i>(if different from above):</i>			
City/Town:		Postal Code:	
Email:			
Primary Phone #:		Alternate #:	

#### Call-in Issuer #4 (optional):

Last Name:		First Name:	
Organization <i>(if different from above):</i>		Position:	
Street Address <i>(if different from above):</i>			
City/Town:		Postal Code:	
Email:			
Primary Phone #:		Alternate #:	

#### Call-in Issuer #5 (optional):

Last Name:		First Name:	
Organization <i>(if different from above):</i>		Position:	
Street Address <i>(if different from above):</i>			
City/Town:		Postal Code:	
Email:			
Primary Phone #:		Alternate #:	

This form must be signed by two (2) elected officials or senior agency executives representing the jurisdiction applying for participation and training in the Manitoba Public Alerting Program (AlertMB).

By signing below, we declare that:

- 1) The information contained on this form is accurate to the best of our knowledge.
- 2) We are officials authorized for this jurisdiction and have the authority to name the individuals listed on these forms as Authorized Issuers for AlertMB.
- 3) We acknowledge and agree to the Authorized User Requirements (below), and the process and conditions outlined in the *AlertMB – Standard Operating Procedure* document.

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#### Authorized User Requirements

1. Municipalities (as defined by The Municipal Act, C.C.S.M. c. M225) must pass a resolution indicating the decision to participate in AlertMB.
2. Individuals identified as “call-in issuers” on the Authorized Jurisdiction Designation form must have successfully completed training as identified by Manitoba EMO. Only employees of the jurisdiction who have successfully completed the training will be eligible to request an alert or authorize issuance of an alert on behalf of the jurisdiction.
3. The jurisdiction must maintain policies identifying:
  - a. Individuals authorized to request alerts through Manitoba EMO,
  - b. officials authorized to approve the issuance of alerts, and
  - c. process(es) for requesting issuance of an alert including ensuring awareness of necessary staff and officials regarding the issuance of an alert.
4. The jurisdiction must adhere to National Public Alerting System standards and guidelines.

Only the designated individuals identified on this form shall be allowed access to the AlertMB Program and therefore be able to issue alerts. We acknowledge the listed individuals below will not have access to AlertMB unless they have completed corresponding training.

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#### Agency Executive / Elected Official:

Last Name:		First Name:	
Position:			

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*Signature - Agency Executive / Elected Official (1)*

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*Date of Signature*

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#### Agency Executive / Elected Official:

Last Name:		First Name:	
Position:			

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*Signature - Agency Executive / Elected Official (2)*

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*Date of Signature*

**Municipal jurisdictions must submit a formal resolution indicating the decision to participate in the AlertMB Program.**

**Please email a completed copy of this form to: [emo@gov.mb.ca](mailto:emo@gov.mb.ca)**