

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

IPAWS PUBLIC ALERTING AUTHORITY APPLICATION

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PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1 hour per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. This collection of information is mandatory. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, Paperwork Reduction Project (1660-NEW). **NOTE: Do not send your completed form to the above address.**

PRIVACY NOTICE

Authorities: Executive Order 13407, "Public Alert and Warning System"

Purpose: FEMA is collecting this information to assess an entity's eligibility to use FEMA's Integrated Public Alert and Warning System (IPAWS), and to provide access to specific members of the requesting entity to facilitate access to IPAWS.

Routine Uses: The information will be used by and disclosed to DHS personnel or other agents who need the information to assist in activities related to the use of IPAWS. The information on this form may be disclosed as generally permitted under the Privacy Act of 1974, as amended (5 U.S.C. § 552). This includes using this information as necessary and authorized by the routine uses published in [DHS/ALL-004 General Information Technology Access Account Records System \(GITAARS\)](#) (September 29, 2009, 74 Fed. Reg. 49,882, and upon written request, by agreement, or as required by law.

Disclosure: Furnishing this information is voluntary; however, failure to furnish the requested information may delay or prevent DHS/FEMA from providing the requested access to its IPAWS system.

Instructions for Organizations Applying for Access to IPAWS-OPEN for Public Alerting

The following are the requirements for access to IPAWS-OPEN for Public Alerting:

- Your software vendor/system developer must have an executed Memorandum of Agreement (MOA) with FEMA for access to the IPAWS test environment. See <http://www.fema.gov/library/viewRecord.do?id=5670>.
- Your sponsoring organization must have an executed MOA with FEMA for system security requirements with signed Rules of Behavior. A separate application form is required. See <https://www.fema.gov/library/viewRecord.do?id=6019>.
- Demonstrated successful completion of the Emergency Management Institute (EMI) *Independent Study IS-247.a: Integrated Public Alerts and Warning System* course, posted online at <http://training.fema.gov/EMIWeb/IS/IS247a.asp>. (See Note # 5 below.)

Notes on the Public Alerting Application:

1. **COG Name and COG ID#:** This information is used to identify your organization and is provided by FEMA upon execution of an MOA. If you did not receive this information from FEMA, please contact the IPAWS office for assistance (ipaws@fema.dhs.gov)
2. **Geographic area of responsibility:** List the area name and FIPS codes for which you are authorized to issue public warnings, typically one or more counties.
 - A list of FIPS codes can be found here: <http://www.census.gov/geo/www/ansi/countylookup.html>
 - If you are requesting state-wide alerting authority, simply list the state
 - If you are requesting alerting authority in multiple states, please complete one separate form for each state
3. **Event Codes:** Check the event code boxes that apply to your alerting authority
 - A list of definitions for event codes can be found in Appendix C of the National Weather service Instruction 10-518 (<http://www.nws.noaa.gov/directives/sym/pd01005018curr.pdf>)
 - Note that some event codes are not available for certain dissemination systems (e.g. TOE is not available for WEA)
 - Consult your state reviewer if you are requesting Child Abduction Emergency (CAE) for Wireless Emergency Alerts (WEA)
4. **Signature:** Do not sign this form! This form must be signed by the state reviewer point of contact.
 - **Applicant:** Send the completed, unsigned form to the state reviewer contact provided by FEMA. If you did not receive this information from FEMA, please contact the IPAWS office for assistance (ipaws@fema.dhs.gov)
 - **State Reviewer:** Please review the requested alerting permissions. If consistent with state alert and warning plans, please complete the remainder of the form, sign and return to the applicant.
5. When you have successfully completed the IPAWS Independent Study course, submit a copy of your EMI training certificate to the FEMAIPAWS MOA coordinator (ipaws@fema.dhs.gov)

Next steps: Once your application has been processed, you will be notified when your public alerting permissions have been implemented in the IPAWS system and are ready to use

Application for IPAWS Public Alerting Authority

COG Name: _____ **COG ID#:** _____

Geographic Area of Responsibility: [List the names(s) and FIPS Codes(s) for your geographic area of responsibility. *Attach additional pages as needed.*]

<i>Name:</i>	<i>FIPS Code:</i>
_____	_____
_____	_____
_____	_____

Event Codes: [Check all that apply for WEA, EAS, and NWS dissemination systems.]

Event Code	Event Description	WEA	EAS	NWS
ADR	Administrative Message	N/A	<input type="checkbox"/>	<input type="checkbox"/>
AVA	Avalanche Watch	N/A	<input type="checkbox"/>	<input type="checkbox"/>
AVW	Avalanche Warning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLU	Blue Alert	<input type="checkbox"/> .*Public Safety Info	<input type="checkbox"/>	<input type="checkbox"/>
CAE	Child Abduction Emergency	<input type="checkbox"/> *State Use Only	<input type="checkbox"/>	<input type="checkbox"/>
CDW	Civil Danger Warning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CEM	Civil Emergency Message	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DMO	Practice/Demo Warning	<input type="checkbox"/> .*User Opt-in only	<input type="checkbox"/>	<input type="checkbox"/>
EQW	Earthquake Warning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVI	Evacuation Immediate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRW	Fire Warning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HMW	Hazardous Materials Warning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LAE	Local Area Emergency	<input type="checkbox"/> .*Public Safety Info	<input type="checkbox"/>	<input type="checkbox"/>
LEW	Law Enforcement Warning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NUW	Nuclear Power Plant Warning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RHW	Radiological Hazard Warning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RMT	Required Monthly Test	<input type="checkbox"/> .*User Opt-in only	<input type="checkbox"/>	N/A
RWT	Required Weekly Test	<input type="checkbox"/> .*User Opt-in only	<input type="checkbox"/>	N/A
SPW	Shelter In-place Warning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOE	911 Telephone Outage Emergency	<input type="checkbox"/> .*Public Safety Info	<input type="checkbox"/>	<input type="checkbox"/>
VOW	Volcano Warning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The undersigned has reviewed this application. The public alerting authorities requested by the applicant are consistent with the state Emergency Alert System plan, AMBER Alert System plan, or other operational public warning plans.

For the State of _____	Agency: _____
Signature: _____	Date: _____
Name: _____	Title: _____
Email: _____	Telephone: _____