

**FOR OFFICIAL USE ONLY  
(WHEN FILLED IN)**

Electronic Format

**SHARES HF RADIO PROGRAM  
STATION DATA FORM  
SECURITY PROCEDURES AND PRIVACY ACT**

ACTION: Add New Station  Delete Station  Update Station/ERP Data  Add ERP

**PART I: NCSH 3-3-1 STATION DATA**

- |   |   |                                      |                                    |
|---|---|--------------------------------------|------------------------------------|
| 1. ENTITY: _____  | 2. STATION LOCATION:<br>City _____<br>State _____   |                                      |                                    |
| 3. VOICE CALL SIGN: _____   |   |                                      |                                    |
| 4. BBS CALL SIGN: _____   |   |                                      |                                    |
| 5. STAR CALL SIGN: _____  | 6. STATION TELEPHONE:<br>Commercial _____ DSN _____   |                                      |                                    |
| 7. ALE ADDRESS CODE: _____  |   |                                      |                                    |
| 8. VOICE FREQUENCIES:<br>1. _____ Primary (*) <input type="checkbox"/> LSB (+) <input type="checkbox"/><br>2. _____ <input type="checkbox"/> <input type="checkbox"/><br>3. _____ <input type="checkbox"/> <input type="checkbox"/><br>4. _____ <input type="checkbox"/> <input type="checkbox"/> | 9. ALE FREQUENCIES:<br>1. _____ 5. _____<br>2. _____ 6. _____<br>3. _____ 7. _____<br>4. _____ 8. _____ |                                      |                                    |
| 10. STATION HOURS OF OPERATION: 1 - 24 Hours <input type="checkbox"/> 2 - Part Time/Duty Hours <input type="checkbox"/> 3 - On Call/Emergency <input type="checkbox"/>  |   |                                      |                                    |
| 11. STATION CAPABILITIES: (Check All That Apply)  |   |                                      |                                    |
| SSB Voice <input type="checkbox"/>  | HF E-mail <input type="checkbox"/>  | GTOR <input type="checkbox"/>        | HF Packet <input type="checkbox"/> |
| ALE (141b/1045b) <input type="checkbox"/>   | Phone Patch <input type="checkbox"/>  | AMTOR <input type="checkbox"/>       | CLOVER <input type="checkbox"/>    |
| PACTOR/PACTOR II <input type="checkbox"/>   | MODEM (1052) <input type="checkbox"/>   | CLOVER 2000 <input type="checkbox"/> | STI <input type="checkbox"/>       |
| STAR <input type="checkbox"/>   | MODEM (110b) <input type="checkbox"/>   | PSK31 <input type="checkbox"/>       | MT63 <input type="checkbox"/>      |

**PART II: SECURITY PROCEDURES AND PRIVACY ACT**

Information contained in NCSH 3-3-1, SHARES Directory, carries a FOR OFFICIAL USE ONLY (FOUO) designation due to the compilation of station data. To participate in SHARES, a member must comply with the following security procedures for handling FOUO material as specified in NCSH 3-3-1, Chapter 1, para 1.9: (1) The information shall not be released in any manner to the public or other personnel who do not have a valid need-to-know, (2) the information shall not be photocopied or electronically reproduced, (3) when unattended, the information shall be stored in a locked container or in a room with sufficient physical access control measures to afford adequate protection to prevent unauthorized access, (4) when stored on a computer, the information shall be password protected, (5) the information shall be disposed of in such a manner as to ensure destruction beyond recognition and reconstruction, (6) upon leaving the SHARES program, the Project Office shall be notified of the date NCSH 3-3-1 is destroyed, and (7) the loss, compromise, suspected compromise, or unauthorized disclosure of the information shall be reported to the SHARES Project Office. Failure to comply with these security procedures to protect NCSH 3-3-1 information from unauthorized personnel shall result in removal from the SHARES program.

The information voluntarily provided on this Form 1 is covered by the Privacy Act of 1974. The information is stored on the Master SHARES Data Base and used by Project Office to contact SHARES members. Information contained in Part I of this Form 1 is also included in NCSH 3-3-1, SHARES Directory, and distributed to SHARES members as FOUO information. Failure to provide the information requested on the Form 1 may result in not being allowed to participate in SHARES.

**PART III: ADMINISTRATIVE DATA**

STATION POINT OF CONTACT OR ERP:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

ENTITY POINT OF CONTACT:

Name: \_\_\_\_\_  
Entity: \_\_\_\_\_

STATION POINT OF CONTACT OR ERP: I have read and understand the procedures contained in Part II of this Form 1.

Signature \_\_\_\_\_ Date \_\_\_\_\_

ENTITY POINT OF CONTACT: I approve the Form 1 request.

Signature \_\_\_\_\_ Date \_\_\_\_\_