



# LAW ENFORCEMENT AGENCY CREDENTIAL SHEET

## 1. LEA USER APPLICATION/CREDENTIAL FORM (NON-DPS EMPLOYEES)

NEW  REVOKE  TRANSFER  MODIFY  DELETE

Sworn Officer (*arresting power*)  Yes  No

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Title: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

## 2. EMPLOYING ORGANIZATION

Municipal  County  State  Tribal  Federal **ORI #:** \_\_\_\_\_

Department and/or Agency \_\_\_\_\_ Bureau/Division/Unit: \_\_\_\_\_

## 3. OFFICE CONTACT INFORMATION

Street Address or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

## 4. ACCOUNT ACCESS REQUEST

**CJIS:**  LEA  NIBRS  UCR View  UCR User

List CJIS Trainer: \_\_\_\_\_ Date: \_\_\_\_\_ List 28 CFR Trainer: \_\_\_\_\_ Date: \_\_\_\_\_

(ALL require 28 CFR & CJIS Training)

MVD Motor Vehicle Division  Other: \_\_\_\_\_

VPN Virtual Private Network \* Driver's License #: \_\_\_\_\_

## 5. CERTIFICATION

(PLEASE COMPLETE SIGNATURE LINE)

I hereby certify that I am an employee of the duly constituted Law Enforcement / Criminal Justice / Public Safety Agency described above in this application and that I understand and consent to the terms of this application, including the provision set out in the CJIS Security Policy, V.4.4, and agree to abide by all such provisions.

Applicant Signature: \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

## 6. APPLICANT SUPERVISOR

(PLEASE COMPLETE SIGNATURE LINE)

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I hereby confirm that the above named individual is an employee of a duly constituted agency described above and is authorized to have access to the DPS Information Systems and Criminal Justice Information Systems. I certify that all policies outlined in the CJIS Security Policy, V.4.4, under section 4.5.1 *Personnel Background Screening for Systems Access and Computer Terminal/Records Storage Areas Access* have been complied with.

Supervisor Signature: \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

## 7. SUBMIT APPLICATION

Mailing Address: Law Enforcement Records Bureau  
**ATTN: CJIS Security Officer (CSO)**  
PO Box 162  
Santa Fe, NM 87504-1628

**Scan & E-mail:** Regina.Chacon@state.nm.us

ITD Received: Fax: 505-827-9105  
Technician \_\_\_\_\_ Date Completed \_\_\_\_\_

## 8. APPROVAL SIGNATURE:

\_\_\_\_\_  
**CJIS Security Officer (CSO)** Date \_\_\_\_\_

Username Assigned \_\_\_\_\_ Date Completed \_\_\_\_\_  
Created By \_\_\_\_\_ Notification Date \_\_\_\_\_