Lawrence County Department of Public Safety

Employee Handbook



:	FRM-016
:	Universal User Access Request Form
:	Employment Forms
:	1-May-2012
:	22-October-2019

Agency Represented:			Indicate User Status: New User User User Update Request							
Last Name:			First Name:				MI:			
Date of Birth:				SSN:						
Title / Rank:										
Mailing Address:										
City:		State: 2			Zip:					
Work Telephone:	Home Telephone:					Mobile Te	elephone	2:		
Work Fax:	Other Telephone:					Other Tel	ephone:			
Email Address:										
		Type of	Access Reque	sted – Check all						
ASSIGN A CAD UNIT	Unit #			Describe	unit t	ype info be	elow (PT	L, K9, ect)		
MDT AND CLEAN/NCIC ACCESS	User will be contacted by LCDPS Tac Officer to arrange training. User will ultimately be required to pass a test prior to access being granted									
REG 13 CREDENTIAL/ID	User will be asked to complete FRM-015 – Credential Request Form for additional information									
LCDPS USE ONLY										
CAD UNIT ASSIGNED:	ICE USERNAME:			WEBCAD USE			RNAME:			
SONICWALL USERNAME:				NOTES:						

Signature of Requesting Party

Date Submitted

Signature of Authorizing Department Head