

**Designation
Of
Terminal Agency Coordinator (TAC)**

I, _____ do hereby designate, _____ to serve as the
Chief Official Rank or Title and Name

Terminal Agency Coordinator (TAC) for the _____ department.
Agency and ORI

I understand that a TAC is expected to be the primary liaison between my Department and ACIC (Arkansas Crime Information Center). They are to actively represent my Department on matters relating to ACIC. They are to be familiar with the record system and communication needs of my Department. They are responsible for receiving information from ACIC and appropriately handling or disseminating the information within my Department. The designated TAC will keep ACIC informed on our training needs and other matters relating to the use of the *ACIC/NCIC/NLETS system.

I further agree to submit a new Designation form to ACIC at any time there is a change in the above named TAC.

Signature: _____
Chief Official

Date: _____

Signature: _____
Designated TAC

Date: _____

Contact Information for Designated TAC

Email: _____	Phone: _____
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Please Mail or Fax Completed Form to:

**Arkansas Crime Information Center
322 South Main Street, Suite 615
Little Rock, AR 72201
FAX: 501-682-7444**

*ACIC (Arkansas Crime Information Center)

*NCIC (National Crime Information Center)

*NLETS (National Law Enforcement Telecommunication System)