HOLDER-OF-THE-RECORD AGREEMENT

This holder-of-the-Record Agreement is entered into between ____________________________, hereinafter referred to as Holder, and ____________________________, hereinafter referred to as Originator (ORI).

1. Originator agrees to abide by all rules, policies and procedures of the Arkansas Crime information Center (ACIC), the National Crime Information Center (NCIC), and the National Law Enforcement Telecommunications System (NLETS).

2. Originator authorizes Holder to enter, update, and remove records. Originator acknowledges responsibility to immediately inform Holder of any change in the status of records, and agrees that Holder will confirm all hits bases on information provided by Originator to the Holder.

3. Originator agrees to indemnify Holder from and against any claims, demands, actions, suits and procedures by others, including but not limited to any liability for damages by reason of any false arrest, imprisonment, seizure of property, or any action whatsoever involving the records of Originator. Holder is expressly not exempt from liabilities through negligence on its own part.

4. ACIC, as state control agency, reserves the right to suspend telecommunications service to Holder; likewise Holder reserves the right to suspend service to Originator when any rules, policies or procedures of ACIC, NCIC or NLETS have been violated. The ACIC shall be immediately notified of any such suspension of service to Originator, and will review the circumstances surrounding the suspension and make a final decision relative to further or continued Originator participation.

5. Holder is responsible for providing ACIC with a copy of this agreement.

ORIGINATOR (ORI) AGENCY: __________________________________________
Agency Name

BY: __________________________________________
Signature

TITLE: __________________________
DATE: __________________________

RECORD HOLDER AGENCY: __________________________________________
Agency Name

BY: __________________________________________
Signature

TITLE: __________________________
DATE: __________________________