



REQUEST FOR ACIC TRAINING

322 South Main Street
Suite 615
Little Rock, AR 72201
Fax: 501-682-7444

Date Emailed or Faxed:

Name _____
Sex _____
Date of Birth _____
Oper. License # _____
*Last four of SS# _____
CSN# _____
CLEST# _____
Phone # to CLEST (501) 682-2260 _____
Date of Employment _____
Rank-Job Title _____

If you are hiring an individual that does not have an Arkansas State Driver's License, please complete the information below.

Race _____
Height _____
Weight _____
Hair Color _____
Eye Color _____
Address _____
State/ZIP _____
Place of Birth _____

Student Email address:

ORI# _____
Agency _____
Address _____
City _____ Zip _____
Chief Official _____ Phone # _____

Date of Class: _____ Access Level of Employee: _____
Location of Class: _____ Type of Class: _____
Instructor: _____

*Prior to enrolling in **ACIC Basic**, student must complete CJIS online training at: <https://www.cjisonline.com/>. Student must also complete the "Beginner's Guide to ACIC". Guide must be brought to class completed and signed by the TAC or Chief Official.
*Advanced Class Workbook must be printed and brought to **Advanced** class for completion.

Transfer: "*****"aaaaaaaaaaaaaaaaaaaaaaaaa

SECURITY CLEARANCE

As chief official of this department I certify that this individual is in compliance with ACIC Policies and Procedures:

U. S. Citizen

Yes No If no, contact ACIC.

Subject must be at least 18 years of age.

Subject was checked through ACIC and NCIC III for criminal history.

(If criminal history was found please attach explanation to this form.)

Subject's fingerprints were submitted to ASP and FBI ID Bureaus.

Chief Official's Signature

Date

* Last four of SS# Required

** Basic Requires Security Clearance

***Advanced Requires the student to have 30 day of hands on training.

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