



Request for Additional ACIC Workstation/Workstation ID's

Main ORI/ _____

I, _____, request _____ additional workstation(s).

(Requested workstation IDs not in use will be deactivated.)

Agency Name:			
Physical address:			
City/Zip Code:			
List the Location/Room in the Department where the software will be installed:	1.		
	2.		
	3.		
TAC Name:	LASO Name:		
TAC Phone:	LASO Phone:		
TAC Email:	LASO Email:		
Access software will be install on what type of device:		Type of Access for Device:	
<input type="checkbox"/> Laptop <input type="checkbox"/> CAD <input type="checkbox"/> Other: <input type="checkbox"/> Desktop Computer <input type="checkbox"/> MDT Explain other:		<input type="checkbox"/> Entry (Full) <input type="checkbox"/> Query (Limited)	
Explain other to include vendors name:			

I understand that my department must furnish the necessary hardware for the installation of the ACIC software.

I also understand that my agency will be billed a monthly computer processing cost of 3.5 cents per transaction.

I understand that my agency must comply with NCIC CJIS (Criminal Justice Information System) Security Policy, and ACIC must install a security (Virtual Private Network or VPN) software on the device used to access ACIC.

I understand that a Network Diagram must be submitted to the ACIC ISO (Information Security Officer) prior to the software installation in order to comply with the NCIC CJIS Security Policy.

I understand that anti-virus software must be installed on the computer and updated on a regular basis to maintain a connection and to ensure security of the network.

Signature of Chief Official

Title

Date

Please Email or Fax Completed Form to:

workstation@acic.arkansas.gov
or
Arkansas Crime Information Center
322 South Main Street, Suite 615
Little Rock, AR 72201
FAX: 501-682-7444

To be completed by ACIC Staff only:		
Yes	NO	N/A
		Emailed Agent reference request (date)
		Agent Reviewed Location (date)
		Agent Verified # Requested
		Network Diagram received(date)
		Network Diagram Approved(date)
		Tokens needed
		Token User form emailed to agency
		Tokens Form Received(date)
		Tokens Delivered to Agent (date)
		Date of Install/Token Activation
		Agent Check for AVS at install
		Configuration Date