



Application for Direct Access to ACIC

Division of Arkansas Crime Information

Arkansas Department of Public Safety

322 South Main Street, Suite 615
 Little Rock, Arkansas 72201
 fax (501) 682-7444



(Application must be completed in full and returned to ACIC.)
(Applications for access submitted 10 days before a scheduled Board Meeting will not be heard and will be placed on the agenda for the next available meeting.)

This section completed by ACIC Staff:	
Board Meeting Date:	_____
Field Agent:	_____
Pre-install audit Date:	_____
LE Standards Check:	_____

Agency Contact Information:

ORI #: _____

Agency: _____
 Mailing Address: _____ Phone: _____
 Physical Address: _____ Fax: _____
 City/ Zip: _____ e-mail: _____
 County: _____

- Name and Title of Chief Administrative Official: _____
- Name, rank or title of contact person for operational matters: _____
 Phone: _____
- Name, rank or title of person with management control over dispatch/telecommunications operators: _____
 Phone: _____
- This agency or organization is classified as:
 Law Enforcement Prosecutor Circuit Court District Court
 Other (Specify): _____
- Jurisdictional area: _____
- What agency is currently providing ACIC information to this agency? _____
- List the hours and days of operation for this agency. _____

Access Requested:

- What type of access is requested?
 Full Access (query/entry capability)
 Limited Access (query capability only)
 Mobile Data Terminals (MDT)/Computer Aided Dispatch (CAD):
 (Specify vendor) _____
 Other: _____

Agency Demographics:

- Please list the hours of operation for your agency: _____
- List the number of personnel within your agency for each area:
 - Sworn/commissioned officers (Full-time) _____
 - Sworn/commissioned officers (Part-time) _____
 - Auxiliary officers _____
 - Civilian personnel (clerical staff) _____
 - Dispatchers/telecommunications personnel (Commissioned) (Full-time) _____
 - Dispatchers/telecommunications personnel (Commissioned) (Part-time) _____

- g. Dispatchers/telecommunications personnel (Civilian)(Full-time) _____
- h. Dispatchers/telecommunications personnel (Civilian)(Part-time) _____

Questionnaire:

1. Dispatchers/telecommunications personnel are rotated with other duties? Yes No
2. Hours/days of week access device will be operated: _____
3. Will you provide system information assistance to other criminal justice agencies in your area? Yes No
If no, why not? _____
4. Will internal procedures be implemented that will restrict the accessibility of the access device to the minimum number of authorized agency personnel, as defined by the ACIC System Regulations? Yes No
5. Will the access device be in a secure location, as defined by the ACIC System Regulations? Yes No
6. If not, do you agree to make the necessary physical modifications to ensure security? Yes No
7. Do you understand and agree that you may be required to make other physical modifications, such as adding a dedicated electrical circuit(s) for the access device(s)? Yes No
8. Are your records accessible to operators 24 hours-a-day, if "hits" are to be confirmed? Yes No
9. Will all of the agencies employees be subjected to a fingerprint-based background check? Yes No
If no, please explain why. _____
10. Do you agree to comply with all ACIC training requirements, including sending operators to Little Rock to receive this training? Yes No
11. Does your agency have Information Technology personnel? Yes No
If yes, please provide the following for the IT contact:
Name: _____
Email address: _____
Phone number: _____
12. Will all your Information Technology personnel be subjected to a fingerprint-based background check? Yes No

Narrative:

Describe in detail why direct access to ACIC is needed. *(Attach additional pages if needed.)*

Important Information

- A diagram of the agencies network must be submitted to ACIC.*
- Any agency/organization that is approved must install anti-virus software on any computer used to access ACIC/NCIC. The anti-virus software must be updated on a regular basis to maintain a connection and to ensure security of the network.
- All direct access to the ACIC system must comply with the CJIS Security Policy.
- All direct access to the ACIC system must comply with the ACIC System Regulations.

Billing Information

- Monthly computer processing cost is 3.5 cents per transaction
- If Advanced Authentication Tokens (Hard Tokens) are needed, each token cost is \$13 per user.
- There is a \$13 fee to replace each broken or lost tokens.

Computer Requirements

(These are minimum requirements. The computer is not provided by ACIC.)

- Intel® Pentium® Processor or greater (3 GHz or faster)
- Operating System (OS): Microsoft® Windows Operating (OS that are not supported by Microsoft will not be allowed to access the ACIC Network.)
- Browser : Internet Explorer Version 10 or higher, Mozilla Firefox 3.0 or higher
- RAM: 4 GB of RAM (8 GB of RAM for 64-bit systems)
- Storage: 160 GB Hard Drive with at least 100 MB Available
- Minimum of a 17inch monitor or greater.
- Printer of your choice (no wireless printers)
- Current Anti-Virus Software
- The computer administrator must be available at the time of installation to install, or allow the installation of the software

*Network Diagram Requirements

The network topological drawing shall include the following:

1. All communications paths, circuits, and other components used for the interconnection, beginning with the agency-owned system(s) and traversing through all interconnected systems to the agency end-point.
2. The logical location of all components (e.g., firewalls, routers, switches, hubs, servers, encryption devices, and computer workstations). Individual workstations (clients) do not have to be shown; the number of clients is sufficient.
3. The name and model of the security components used (e.g., Netgear prosafe 5 port gigabit switch, Netgear Nighthawk AC1900, Cisco Catalyst Switch2960, Cisco Catalyst 6500).
4. "For Official Use Only" (FOUO) markings.
5. The agency name and date (day, month, and year) drawing was created or updated.)

Acknowledgement

I hereby certify that all information on this form is complete and factual to the best of my knowledge and belief. If approved for direct access to ACIC, I agree to abide by ACIC policies and procedures, as detailed in the ACIC System Regulations and the ACIC System Service Agreement, as well as NCIC and NLETS policies.

Signature of Chief Official

Date

Title

Typed or Printed Name