



REQUEST FOR ACIC TRAINING

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

Name _____
 Sex _____
 Date of Birth _____
 Oper. License # _____
 *Last Six of SS# _____
 User Name(CSN) _____
CLEST# _____
 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: _____
TAC Email address: _____
 ORI# _____
 Agency _____
 Address _____
 City _____ Zip _____
 Chief Official _____ Phone # _____

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

*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.

SECURITY CLEARANCE

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

Is the subject a **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.
- Subject's fingerprints were submitted to ASP and FBI ID Bureaus.

Chief Official's Signature

Date

* Last six of SS# is Required
 **Basic Requires Security Clearance
 ***Advanced Requires the student to have 30 day of hands on training.