Request for an ORI

(Originating Agency Identifier)

Return to: ACIC

Email address: ACIC.ORI.Requests@dps.arkansas.gov

Fax number: (501) 682-7444

County:		
understand that the assignm criteria of a law enforcement the assignment of an ORI do and all purposes connected t ACIC and NCIC is governed by	ent of an ORI is the ack t agency as defined by a es not mean that ACIC a to my agency's function y the ACIC System Regu	e of
Upon the assignment of an ORI, I agree to complete the CJIS Security Awareness Training. In addition, I also agree to sign an ACIC System Service Agreement for an Indirect Access Agency and return a signed copy to ACIC. In the event that I am no longer Constable of my Township, I will notify ACIC to retire my ORI.		
Signed: Date Signed:		
Name: (Please Print) (Last Name, First Name, Middle Initial)		
Date of Birth:		
Mailing Address:		
City:	Zip Code:	
Driver's License Number:		CLEST #:
Phone Number:		
Email Address:		

The following items must be sent in with the request:

- A copy of the Constable Driver's License.
- One of the following documents:
 - a. Oath of Office signed by the County Judge
 - **b.** Election Certificate
 - c. Governor Appointee Letter

Note: Once all of the documentation has been received by ACIC, the Operation Administrator will reach out to Commission on Law Enforcement Standards and Training (CLEST) to verify the appropriate training is on file for the Constable. If CLEST does not have a record of the required training, ACIC cannot proceed any further with the request of issuing an ORI.