



**Request for Additional
ACIC Workstation/Workstation ID's**
Please email the completed form to:
ACIC.workstation@dps.arkansas.gov

Main ORI: _____ Number of additional access points: _____
(Do not request more access points than users. Requested workstation IDs not in use will be deactivated.)

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

Explain other to include vendor's 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.
- 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.

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| Signature of Chief Official | Title | Date |
|------------------------------------|--------------|-------------|

***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 AC 1900, Cisco Catalyst Switch 2960, Cisco Catalyst 6500.)
4. "For Official Use Only" (FOUO) markings.
5. The agency name and date (day, month, and year) drawing was created.

| To be completed by ACIC Staff only: | | |
|-------------------------------------|----|--|
| Yes | No | N/A |
| | | Emailed Agent reference request (date) |
| | | ACIC Board Approval Required |
| | | 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 Mailed |
| | | Date of Install/Token Activation |
| | | Agent Check for AVS at install |
| | | Configuration Date |