

Designation of Terminal Agency Coordinator

Agency Name & Agency ORI

I hereby designate _____ to serve as Terminal Agency Coordinator (TAC) for this department.

I understand that a TAC is expected to be the primary liaison between my department and ACIC. The TAC will actively represent my department on matters relating to ACIC and be familiar with the records system and communication needs of my department. They will be responsible for receiving information from ACIC and appropriately handling or disseminating that information. The TAC will also keep ACIC informed on our training needs and other matters relating to the use of ACIC/NCIC/NLETS.

I further agree to submit a new designation form to ACIC at any time there is a change in the above-named TAC.

Chief Official Signature

Title

Date

Acknowledgement of Duties by the Terminal Agency Coordinator

I, _____, have read and understood the TAC Duties and Responsibilities document. I am willing to serve as Terminal Agency Coordinator (TAC) for my agency.

TAC Signature

Title

Date

Contact information for designated TAC:

Username for ACIC:	
TAC's Phone Number:	
TAC's Email:	

Contact information for designated assistant TAC (if applicable):

Username for ACIC:	
Assistant TAC's Phone Number:	
Assistant TAC's Email:	

Email the completed form to: ACIC.Training@dps.arkansas.gov