

UCR - MSHP CJIS Division**User Access Request**UCR@mshp.dps.mo.gov

Phone: 573-526-6153

Fax: 978-313-1487

AGENCY INFORMATION

Agency Name:	
ORI:	
Address:	
Phone:	
Fax:	

As the Agency Administrator (i.e. Chief, Sheriff, Director), I am requesting access for the following user to access the indicated systems. As the Agency Administrator I authorize this individual to represent our agency in matters related to the systems indicated in accordance with all state and federal CJIS policies and practices.

Printed Name: _____ Date: _____

Signature and Title : _____

USER INFORMATION

Last Name:		First Name:	
Title:		DOB:	
Phone:		Last four SSN:	
Fax:			
Email:			

A separate form will be required for each user

Indicate access to which system by checking box:

<input type="checkbox"/>	Missouri Incident Based Reporting System (MIBRS) Point of Contact
<input type="checkbox"/>	Use of Force Data Collection Point of Contact

***Once the User ID is issued, the user will receive an email at the above email notifying them that their access is active.