



Alabama Criminal Justice Information Center Request for NCIC User Name

As Terminal Agency Coordinator for the below listed agency, I request that the following user be assigned a user name for access to a NCIC workstation or MDT at my agency.

I understand that if the employee is not currently certified that certification must occur within six months from the date of employment and every two years thereafter.

Please Complete and Fax To (334) 517-2740

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|---|---|--|
| Type of Access Being Requested | | |
| <input type="checkbox"/> NCIC Workstation/Full Access | | <input type="checkbox"/> MDT/Limited Access |
| Agency Name | | ORI |
| Last Name | First Name | |
| ALACOP User Name <i>(Required)</i> | | Social Security Number |
| Date of Employment | Date of Initial Certification <i>(Leave blank if not certified.)</i> | Date of Last Certification <i>(Leave blank if not certified.)</i> |
| TAC's Name (Please Print) | | Phone Number |
| TAC's Signature | | Date |

NOTE: The user must have an ALACOP account before making this request.

ACJIC USE ONLY

| | | |
|---------------|----------|------------|
| Date Received | Added By | Date Added |
| Notes | | |