

**MISSOURI STATE HIGHWAY PATROL
MISSOURI UNIFORM LAW ENFORCEMENT SYSTEM
NETWORK SECURITY
OPERATOR IDENTIFICATION / AUTHORIZATION**

C O N F I D E N T I A L

PLEASE PRINT OR TYPE

1. DATE				USER ID			
2. OPERATOR NAME (LAST)		FIRST		MIDDLE			
3. OPERATOR DATE OF BIRTH				OPERATOR SOCIAL SECURITY NUMBER			
4. AGENCY ORI				MASTER PRINTER ID			
5. AGENCY NAME							
6. AGENCY STREET ADDRESS							
7. AGENCY CITY							
8. PRIMARY PHONE			SECONDARY PHONE			FAX NUMBER	
9. NEW OPERATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO PREVIOUS AGENCY:							
10. FORM FUNCTION <input type="checkbox"/> ADDITION <input type="checkbox"/> DELETION <input type="checkbox"/> MODIFICATION:							
11. SYSTEM ACCESS							
SYSTEM NAME	GROUP LEVEL / TRANSACTION	SYSTEM NAME	GROUP LEVEL / TRANSACTION	SYSTEM NAME	GROUP LEVEL / TRANSACTION	SYSTEM NAME	GROUP LEVEL / TRANSACTION
12. AGENCY HEAD / T.A.A. SIGNATURE				13. OPERATOR SIGNATURE			
I certify that this operator's background, including CHRI, has been screened utilizing fingerprint cards and no disqualifying record was revealed.				I certify that I will abide by the rules and regulations of MULES and its attached systems and that I have completed required CJIS security training.			
14. I, _____, PLEASE PRINT OR TYPE				A FULLY CERTIFIED OPERATOR, HAVE PROVIDED ON THE JOB TRAINING TO THIS MULES TERMINAL OPERATOR APPLICANT FOR CJIS SECURITY POLICIES AND THE ACCESS SHOWN IN SECTION 11 ABOVE.			
SIGNATURE				SOCIAL SECURITY NUMBER		DATE	
15. MSHP TROOP TRAINER USE ONLY							
<input type="checkbox"/> HP65 <input type="checkbox"/> SHP-290 <input type="checkbox"/> E292						DATE	
CIRCLE ONE: INQUIRY / MAINTENANCE				TROOP TRAINER		DATE	
16. ACCESS INTEGRITY UNIT USE ONLY							
OPERATOR CODE		DATE ENTERED INTO SYSTEM		EMPLOYER CODE		ENTRY OPERATOR INITIALS	
THIS FORM MUST BE RETURNED TO YOUR TROOP TRAINER FOR PROCESSING							