

MULES Network Security System
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 SOC: _____

4. AGENCY ORI: _____ MASTER PRINTER ID: _____

5. AGENCY NAME: _____

6. AGENCY STREET ADDRESS: _____

7. AGENCY CITY: _____

8. PRIMARY PHONE: _____ SECONDARY PHONE: _____ FAX NUMBER: _____

9. REMARKS: NEW OPERATOR? YES NO - PREVIOUS AGENCY: _____

10. FORM FUNCTION: ADDITION DELETION MODIFICATION: _____

II. SYSTEM ACCESS

SYSTEM NAME	GROUP LEVEL / TRANSACTION	SYSTEM NAME	GROUP LEVEL / TRANSACTION	SYSTEM NAME	GROUP LEVEL / TRANSACTION	SYSTEM NAME	GROUP LEVEL / TRANSACTION

SEX OFFENDER REGISTRY ACCESS: Inquiry Only Complete Access (Check appropriate box - INTRANET Users Only)

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 & THAT I HAVE COMPLETED REQUIRED CJIS SECURITY TRAINING.

14. I, _____, A FULLY CERTIFIED OPERATOR, HAVE PROVIDED ON THE JOB TRAINING TO THIS MULES TERMINAL OPERATOR APPLICANT FOR CJIS SECURITY POLICIES & THE ACCESS SHOWN IN SECTION II ABOVE.

PLEASE PRINT OR TYPE

SIGNATURE	SOCIAL SECURITY NUMBER	DATE
15. MSHP COMMUNICATIONS USE ONLY		
MODULES COMPLETED: M[] W[] V[] P[] C[] DATE: _____	RECERTIFY DATE: _____	NO TRAINING: []
INQUIRY / MAINTENANCE (Circle One)		
OPERATOR TRAINING CERTIFIED BY: _____	DATE: _____	
16. ACCESS INTEGRITY UNIT USE ONLY		
OPERATOR CODE: _____	EMPLOYER CODE: _____	
DATE ENTERED INTO SYSTEM: _____	ENTRY OPERATOR INITIALS: _____	