

CUAR

CJIS User Authorization
CJIS -1 Rev August 2009

Connecticut Criminal Justice Information Systems CJIS Support Group

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**This form must be Approved and Submitted by the CJIS User's Manager.
For OBTS access, Approval of the
Agency/Branch CJIS Authorizing Individual is Required
Please Print All Information Clearly**

CJIS Support Group
Use Only

PROCESSED BY

DATE

USER ID AFFECTED

Section 1

CJIS USER IDENTIFICATION

Person for <u>Whom</u> Access is Requested (<i>Given First, Last Name</i>)	Name of Government Branch: <input type="checkbox"/> Executive <input type="checkbox"/> Judicial <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Municipalities
e-mail	Agency Name (<i>Municipalities Specify Town - Refer to Following Pages</i>)
Phone Number	Department Name (<i>Internal Department Name</i>)
Fax Number	Department Address (<i>Street, City, Zip</i>)

Section 2

TYPE OF REQUEST

Check the corresponding box below:

<input type="checkbox"/> New Access to CJIS Application	(<i>CJIS Application Roles and Definitions</i>)
<input type="checkbox"/> Modify Access to CJIS Application	(<i>Provide Current User Id</i>)
<input type="checkbox"/> Terminate Access to CJIS Application	(<i>Provide Current User Id</i>)

Section 3

TRAINING DATES FOR THE APPLICATION

Provide Requested Training Dates and Times <input type="checkbox"/> OBTS <input type="checkbox"/> Other CJIS Applications		
Preference	Date and Time	Training Location (Address, City, State)
1 st Choice		
2 nd Choice		
3 rd Choice		

Section 4

MANAGER'S APPROVAL (*Required Section*)

Name of Person Approving the Requested Access (<i>First, Last Name</i>)	Supervisors Signature
Phone Number	Fax Number
Supervisor's e-Mail	Date

Section 5

Requires a CJIS AUTHORIZING INDIVIDUAL for Approval (*Agency/Branch MUST Provide Signature Below Before CUAR Will be Processed*)

CJIS Authorizing Individual for the Agency / Branch (<i>Print First, Last Name</i>)	CJIS Authorizing Individual for the Agency / Branch
Name:	Signature:
AGENCY/BRANCH MUST SIGN IN THIS SECTION	Date