

**Two options for sending in this paperwork:**

**Fax your application packet to:**

**(802) 241-5560**

**- or -**

**Mail your application packet to:**

**Vermont Department of Public Safety**

**Attention: Mobile Data Program**

**45 State Drive – Redstone Building**

**Waterbury, Vermont 05671-1300**

Vermont Department of Public Safety Remote Network Access User’s Agreement

I agree to the following conditions:

1. **Once this signed agreement is submitted and approved, I will be given remote access to the DPS network.**
2. **I will use my DPS Password, which I will not reveal to anyone. I will not write it down in any way.**
3. **If I think someone has learned my Password, I will notify the Vermont Department of Public Safety Help Desk immediately by calling (802) 241-5525.**
4. **I will not allow any unauthorized users to access the VIBRS network (Spillman, CAD, Criminal Records, VLETS, Vermont Incident Based Reporting System Home Page, etc.) using login.**
5. **As soon as my need for system access is concluded, I will notify the Vermont Department of Public Safety Help Desk so they can deactivate it.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Email Address:** |  |
| **Signature:** |  | **Date Signed:** |  |
| **Phone:** |  |  |  |

Authorization:

1. **The undersigned verifies that the user named above has a valid business reason for remote access.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Authorized by:** |  | **Agency:** |  |
| **Title:** |  | **Email Address:** |  |
| **Authorizing Signature:** |  | **Date Signed:** |  |
| **Phone:** |  | **Current Location:** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Vermont Department of Public Safety  **SECURID CLEARANCE FORM** | | | | | | | | | | | |
| **PERSONAL INFORMATION** | | | | | | | | | | | | |
| First Name | | | MI | | Last Name | | | | | Maiden/Alias Name | | |
| DOB | | Sex  Male  Female | | | | | | Social Security # | | Race | | |
| Other states/countries in which you have lived: | | | | | | | | | | | | |
| Employee # | | | | | | Date of Hire | | | | Civilian   Sworn | | |
| Work Station | | | | Agency | | | | | Department | | Job Title | |
| I understand that remote access will be authorized, pending a completion of a fingerprint-supported criminal history, performed by the Vermont Crime Information Center. I further acknowledge that my authorization for a remote access may be denied as a result of such record checks.  With regards to criminal history information, I understand that I have the right to appeal any results of the criminal record checks by writing to the Vermont Crime Information Center, Department of Public Safety, 45 State Drive, Waterbury, Vermont, 05671-1300.  By signing below, I consent to this process.  Applicant signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_- **OR -**  I certify that the applicant was fingerprinted by this agency on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ as part of a pre-employment background investigation; documentation is on file at this agency; and also attest that they meet all the requirements to allow access to restricted criminal justice information as defined by the FBI CJIS security policy, specifically sections 5.6.3; 5.12.1.1 & 5.12. 1.2 ( Full policy available at: <https://www.fbi.gov/services/cjis/cjis-security-policy-resource-center> )  Supervisor/Authorized signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ | | | | | | | | | | | | |
| **PLEASE CHECK ONE:**  I am an existing employee of a criminal justice agency.  I am a new employee of a criminal justice agency.  I am an employee of a non-criminal justice agency. | | | | | | | | | | | | |
| TVT #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Electronic Tracking Number for fingerprints  **NOTE: APPLICANT MUST SUBMIT NEW FINGERPRINTS TO PROCESS THIS PAPERWORK IF: a) THEY HAVE NEVER BEE N PRINTED or ;**  **b) THEY HAVE NOT BEEN PRINTED WITHIN THE LAST FIVE (05) YEARS.** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **CRIMINAL RECORD CHECK CONSENT FORM - CONFIDENTIALITY STATEMENT** | | | | | | | | | | | | |
| Criminal record information from the Vermont Criminal Information Center is being released to the undersigned with the understanding that the information will be used solely for the purpose intended by law and will not be disclosed to any person. Unauthorized dissemination or use of criminal records is punishable by a fine of up to $5,000 (20 V.S.A. §2056c(g)). | | | | | | | | | | | | |
| Supervisor/Authorizing Signature | | | | | | | Printed Name | | | | | Date |

**VCIC Use Only**

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Processed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**State:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Place the information below on your Agency Letterhead**

**VERMONT CRIME INFORMATION CENTER**

**FINGERPRINT AUTHORIZATION CERTIFICATE**

**LAW ENFORCEMENT USE ONLY**

\*\*\*This form MUST be included with fingerprints when submitted to VCIC\*\*\*

Fingerprints will not be processed without ALL necessary paperwork.

Agency Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REASON FINGERPRINTED: (ONLY CHECK ONE REASON)

CRIMINAL JUSTICE EMPLOYMENT  NCIC RULES & REGS  REMOTE NETWORK ACCESS

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

MAIDEN/OTHER NAMES USED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GENDER:  FEMALE  MALE

POB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town State Country

TELEPHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In addition to Vermont I have resided or been employed in the following states: (If applicable, circle appropriate states)

AL CO DE GA HI ID IL IN IA KY LA MD MA MN MS MO MT NB(NE)

NV NH NM OH OR PA RI SC TN UT WV WY

Applicant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Staff Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IDENTIFICATION CENTER USE ONLY:**

**TVT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Printed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IDENT CENTER STAFF – Mail these forms to:**

**VCIC – 45 State Drive, Waterbury VT 05671 Attn: Record Check Program**