

**JOINT TASK FORCE FOR LAW ENFORCEMENT COMMUNICATIONS
STATE LAW ENFORCEMENT RADIO SYSTEM
(SLERS)**

PERSONAL INQUIRY WAIVER
Authority for Release of Information

TO: Concerned Person or Authorized Representative Of Any Organization, Institution Or Repository of Records

APPLICANTS NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NO.: _____

I respectfully request and authorize you to furnish to the Department of Highway Safety and Motor Vehicles, Division of Florida Highway Patrol any and all information that you may have concerning my work record, school record, military record, criminal record, financial and credit status. This information is to be used in determining my qualifications and fitness to have access to equipment and facilities which comprise the State Law Enforcement Radio System of the State of Florida.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

Applicants Signature

Date

Address

City, State & Zip Code

AFFIDAVIT

STATE OF _____

COUNTY OF _____

Before me personally appeared the said _____ who said that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed in my presence the _____ day of _____, _____

My Commission Expires:

Notary Public

**JOINT TASK FORCE FOR LAW ENFORCEMENT COMMUNICATIONS
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(SLERS)**

APPLICATION FOR SECURITY CLEARANCE

Name: _____ Sex: _____

Race: _____ Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

Current Drivers License Number: _____ State: _____

Height: _____ Weight: _____ Hair Color: _____

Color Eyes: _____

Current Address:

Street	City	State	Zip
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Previous Address(s)

Street	City	State	Zip
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Street	City	State	Zip
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Street	City	State	Zip
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Street	City	State	Zip
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Street	City	State	Zip
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THIS INFORMATION IS REQUIRED FOR IDENTIFICATION PURPOSES. SUBMIT THE PACKAGE CONTAINING THIS FORM, THE PERSONAL INQUIRY WAIVER, AND EITHER YOUR PROPERLY ENDORSED FINGER PRINT SCANNING RECEIPT OR YOUR FINGER PRINT CARD TO:

Major Timothy J. Roufa
JTF Security Manager
Florida Highway Patrol
2900 Apalachee Parkway, MS 46
Tallahassee, Florida 32399

Signature of Applicant

Date

**JOINT TASK FORCE FOR LAW ENFORCEMENT COMMUNICATIONS
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NON-DISCLOSURE AGREEMENT

Employee or Contractor Name: _____

Agency or Business Name: _____

Agency or Business Address: _____

Agency or Business Telephone: _____

NOTE: Failure to complete ALL blank portions of this form will result in your application not being processed and returned to you for completion.

I _____, do hereby agree to uphold the policies and procedures adopted by the Joint Task Force on State Law Enforcement Communications to safeguard the information and associated resources that may be entrusted to me, or that I may come into contact with, and, agree to report violations of policies or procedures to the JTF Security Manager, Information Security Officer, State Technology Office, or my immediate supervisor.

Signature of Employee or Contractor

Date

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REQUEST FOR SECURITY LEVEL

Upon completion of the security clearance and after signing the non-disclosure agreement, the following access is requested.

NAME: _____

VENDOR: _____

PHYSICAL ACCESS

Prime Site(s)/ IMC Sites	Yes _____	No _____
Transmit/Receive Sites	Yes _____	No _____
Dispatch Centers	Yes _____	No _____

INFORMATION ACCESS

OMNI ZONE/CSD COMPUTER

Super manager	Yes _____	No _____	(maximum 3)
DMS/STO Manager	Yes _____	No _____	(JTF Board Approval)
Agency Manager	Yes _____	No _____	(Security Manager Approval)
Dispatcher	Yes _____	No _____	(No limit)

COMPUTER AIDED DISPATCH

Super manager	Yes _____	No _____	(Maximum 3)
Administrator	Yes _____	No _____	(JTF Board Approval)
Supervisor Administrator	Yes _____	No _____	(Security Manager Approval)
Supervisor Dispatcher	Yes _____	No _____	(No limit)
Dispatcher	Yes _____	No _____	(No limit)
Call Taker	Yes _____	No _____	(No limit)
Field Offices	Yes _____	No _____	(No limit)

MESSAGE SWITCH

Access must be obtained through Security Manager, DMS/STO Manager, or DMS/STO Regional personnel.

FCIC/NCIC - HOST COMPUTER

No access to this system, Law Enforcement Use Only.

DIAL-UP ACCESS

Specify system or location and level of access needed:

Signature	Title	Date
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HSMV Fingerprint Confirmation

1. The supervisor or contract manager **MUST** select only **ONE** check box below.
2. The person being fingerprinted **MUST** sign this form.
3. This form **MUST** be presented at the Kirkman Building or at a DL/Tax Collector office.
4. The person being fingerprinted **MUST** present a valid driver license or phone identification.
5. Once printed, the person **MUST** take this completed form back to the supervisor/contract manager.
6. The supervisor/contract manager **MUST** email/fax a copy of this form to the appropriate contact listed after the completion of the fingerprint transaction.
7. Please contact (850) 617-3202 if you have any questions or if unsure which option to choose.

Name of Individual Fingerprinted: _____ Signature: _____

Name of Supervisor/ Contract Manager: _____ Phone Number: _____

CJIS Background Check (ORI: FL0379100/Select FHP Background Option)

REQUIRED FOR CJIS AUTHORIZATION

- HSMV Employee w/ CJIS Access Division: _____
- HSMV Applicant with CJIS Access Division: _____
- Regional Duty Officer: Comm. Center Location: _____
- RDO Applicant CC Location: _____

HSMV Vendor with CJIS Access Division: _____ Location: _____

Florida Highway Patrol Recruit

SLERS/SLERS Vendors/Road Rangers

For Completion by Representative Processing Fingerprints ONLY:

Date of Scan: _____ Office Phone: _____ TCN #: _____ Print

Name of Processor: _____ Signature: _____

Only complete if a reprint is required. MUST process using TCR# Date of Reprint: _____

TCR: _____ TCN#: _____ Printed Name of re-print

Processor: _____ Signature: _____