



Request for Removal of ACIC Workstation/ACIC Circuit

Main ORI/ _____

I, _____, request the removal of the workstation(s) or circuit(s) below.

Agency:	
Agency Contact Name:	
Agency Contact Phone:	
Agency Contact Email:	

The workstation(s) listed below need to be removed:		
Workstation ID:	Workstation ORI:	Type of Device (Full, Limited, MDT, etc.)
1.		
2.		
3.		
4.		
5.		

The ACIC provided circuit is to be removed. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please provide the location(s) of each circuit(s) to be removed.	1.
	2.
	3.

Reason for Removal:	
Effective Date:	

Signature of Chief Official

Title

Date

Please Email or Fax Completed Form to:

workstation@acic.arkansas.gov

or

**Arkansas Crime Information Center
322 South Main Street, Suite 615
Little Rock, AR 72201
FAX: 501-682-7444**

To be completed by ACIC Staff only:			
Yes	NO	N/A	Date
			Emailed Agent reference request
			Disabled in the configurator
			Noted in the Workstation List
			Billing Notified
			DIS Notified
			Equipment Received
			Equipment Delivered to DIS
			Audit Coordinator Notified