



REQUEST FOR ACIC TRAINING

322 South Main Street
Suite 615
Little Rock, AR 72201
Fax: 501-682-7444

Name _____
Sex _____
Date of Birth _____
Oper. License # _____
*Last Six of SS# _____
User Name(CSN) _____
CLEST# _____
Date of Employment _____
Rank-Job Title _____

If you are hiring an individual that does not have an Arkansas State Driver's License, please complete the information below.
Race _____
Height _____
Weight _____
Hair Color _____
Eye Color _____
Address _____
State/ZIP _____
Place of Birth _____

Student Email address: _____
TAC Email address: _____
ORI# _____
Agency _____
Address _____
City _____ Zip _____
Chief Official _____ Phone # _____

Date of Class: _____ Access Level of Employee: _____
Location of Class: _____ Type of Class: **Basic****
Instructor: _____

Transfer: _____

Please add additional information here.

*Student must also complete the "Beginner's Guide to ACIC". Guide must be brought to class completed and signed by the TAC or Chief Official.
*Advanced Class Workbook must be printed and brought to Advanced class for completion.

SECURITY CLEARANCE

As chief official of this department I certify that this individual is in compliance with ACIC Policies and Procedures:

- Is the subject a **U.S. Citizen**? Yes No If no, contact ACIC.
- Subject must be at least 18 years of age.
 - Subject was checked through ACIC and NCIC III for criminal history.
 - Subject's fingerprints were submitted to ASP and FBI ID Bureaus.

Chief Official's Signature

Date

* Last six of SS# is Required
**Basic Requires Security Clearance
***Advanced Requires the student to have 30 day of hands on training.