



Request for ACIC Message Switch Connectivity

Return form to: ACIC.Operations@dps.arkansas.gov

I. Agency Information		Date Submitted:
Agency Name:		Agency ORI:
Agency Address:		Agency Phone:
City:	State: AR	Zip Code:
TAC / Point(s) of Contact(First Name, Middle Initial, Last Name)	LASO (First Name, Middle Initial, Last Name)	
TAC / Point of Contact Phone Number (Direct Number):	LASO (Direct Number):	
TAC / Point of Contact Email Address:	LASO Email Address:	
II. Vendor Information		
Vendor Name:		
Vendor Address:		Vendor Phone:
City:	State:	Zip Code:
Vendor Point(s) of Contact (First Name, Middle Initial, Last Name)		
Vendor Point of Contact Phone Number (Direct Number):		
Vendor Point of Contact Email Address:		
III. Agency Questionnaire		
Type of System being installed: (select all that apply) <input type="checkbox"/> CAD (Computer Aided Dispatch) <input type="checkbox"/> IRS (Incident Reporting System) <input type="checkbox"/> MDT (Mobile Data Terminal) <input type="checkbox"/> RMS (Record Management System) <input type="checkbox"/> Other (explain):		
1. Have you submitted a Network Diagram to ACIC for approval that shows this additional connection?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Does your agency have a current contract with the vendor?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. If yes to question 2, does the contract state the vendor must comply with the current CJIS Security Policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. Have fingerprint based background checks been performed on each vendor employee with access to CJJ?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. Security Addendums have been signed with each vendor employee with access to CJJ?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6. Have all vendor employees taken the CJIS Security Training?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7. Has the agency completed a Technical Security audit of the vendor?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8. The vendor has the following policies:		
a) Media Protection Policy	Yes <input type="checkbox"/> No <input type="checkbox"/>	d) Patch Management Policy
b) Physical Protection Policy	Yes <input type="checkbox"/> No <input type="checkbox"/>	e) User Account Management Policy
c) Incident Response Policy	Yes <input type="checkbox"/> No <input type="checkbox"/>	f) Password Policy
9. Will CJJ data be stored outside of the agency? (If No, go to this question 13.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
10. Will any CJJ be stored in the cloud? (If No to his question, go to question 14.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11. If yes to question 10, is the cloud storage located in the United States or Canada?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
12. If yes to question 10, your vendor must provide an encryption certificate for FIPS 140-2 compliance for data in transit. What is the Certificate Number? _____		
13. If yes to question 10, your vendor must provide an encryption certificate for FIPS 197 compliance for data at rest. What is the Certificate Number? _____		
14. Will the vendor have remote access to their system?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
15. If yes to question 14, is the remote session encrypted? If yes, what is the encryption certificate number? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	
16. Will the vendor employees need Advanced Authentication tokens?	Yes <input type="checkbox"/> No <input type="checkbox"/>	