



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 _____
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: _____
Instructor: _____
Transfer: _____

*Student must also complete the "Beginner's Guide to ACIC" in conjunction with the Basic Online Course.

*Advanced Class Workbook must be printed and brought to Advanced class for completion.

Token Assigned

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.

The agency confirmed the subjects identity according to the ACIC Identity Proofing Policy

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.

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