

Additional Agency Employment

This form must be completed and submitted to ACIC when your agency has an employee working for another law enforcement or criminal justice agency with direct access to the ACIC System. Please be aware that "Identity Proofing" must be completed on individuals regardless of their employment status with other agencies.

The individual's user ID(CSN) and password will remain the same for both agencies.

Token users will use their token to log in at both agencies.

NOTE: If you are employed part-time at a third agency, please submit an additional form.

User ID (CSN):	
First Name:	
Last Name:	
Contact Phone Number:	
Contact Email Address:	
Primary Agency's Main ORI:	
Primary Agency's Name:	
Additional Agency's Main ORI:	
Additional Agency's Name:	

Date Identity Proofing was completed:	
Signature of Additional Agency TAC:	
Date:	

Any Additional Information:
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