



APPOINTMENT OF LEADS TERMINAL AGENCY COORDINATOR

In accordance with LEADS Administrative Rule 4501:2-10-03(C)(7), I am appointing the following person as the LEADS Terminal Agency Coordinator for the:

AGENCY NAME		AGENCY ORI	TAC'S E-MAIL
TAC NAME PRINTED	DATE OF ORIG. APPT.	TAC'S OLN	TAC'S TELEPHONE NUMBER

I have elected to also appoint the following person(s) as the Certified Assistant Terminal Agency Coordinator:
 If additional lines are needed select number from dropdown Select

ATAC NAME PRINTED	DATE OF ORIG. APPT.	ATAC'S OLN	ATAC'S TELEPHONE NUMBER
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ATAC NAME PRINTED	DATE OF ORIG. APPT.	ATAC'S OLN	ATAC'S TELEPHONE NUMBER

INDICATE TEST TYPE
 Entering Test Non-entering Test ADD CCH

This person(s) will be responsible to perform the following functions as applicable to your agency.

1. All LEADS certified operators and practitioners shall receive training in the correspondence listed in the LEADS Manual. Ensure each operator is recertified every two years. Basic security awareness training shall be required within six months of initial assignment and biennially thereafter, for all personnel who have access to CJJ.
2. Attend the new TAC indoctrination training within six months of appointment.
3. Within six months, train, functionally test and affirm the proficiency of terminal (equipment) operators.
4. Participate / attend any audit of this agency.
5. Properly complete monthly records validations.
6. Maintain all documentation from LEADS, including but not limited to LEADS computer messages and training documents.
7. Maintain agency level records of LEADS certified operators, agency practitioners, Administrator training, and notify LEADS of any changes on the prescribed form provided by LEADS.
8. Cause a review of all entries within a reasonable time frame for accuracy; modify / cancel entries as needed.
9. Know the location and uses of all LEADS and agency owned equipment accessing LEADS within the agency.
10. Serve as the point of contact for LEADS security related matters.
11. Perform other functions as indicated in the LEADS Administrative Rules.
12. Meet the requirements stated in LEADS Administrative Rule 4501:2-10-04.

TAC'S SIGNATURE X	DATE
ATAC'S SIGNATURE X	DATE
ATAC'S SIGNATURE X	DATE
ATAC'S SIGNATURE X	DATE

Remove TAC certification from the former TAC / ATAC(s) and modify their certification to (FQO, INQ, or Disable) (W / CCH)

PREVIOUS TAC NAME PRINTED	OLN	MODIFY TO
PREVIOUS ATAC NAME PRINTED	OLN	MODIFY TO
PREVIOUS ATAC NAME PRINTED	OLN	MODIFY TO
PREVIOUS ATAC NAME PRINTED	OLN	MODIFY TO
AGENCY ADMINISTRATOR'S SIGNATURE X	DATE	

Please return this form by fax to: (614) 995-1230 or by mail to: LEADS Administrative Office, P.O. Box 182075, Columbus, OH 43218-2075