



LEADS OPERATOR UPDATE

Use this form each time there is a change in your operator list.

FAX: 614-644-2459
MAIL TO: Ohio LEADS
 P.O. Box 182075
 Columbus, OH 43218-2075

TAC	DATE
ORI	AGENCY NAME

ACTION TYPE <small>Add / Disable / Modify / Transfer</small>	NAME <small>Last, First, MI</small>	FINGERPRINT DATE	OLN / STATE ID #	TYPE OF CERTIFICATION <small>INQ w/CCH;INQ (TACs must be submitted on TAC Form)</small>	N-DEX*
					<input type="checkbox"/>
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Updates for users at terminal agencies will not be accepted on this form.

*** Users must have an active LEEP account before requesting N-DEX**