



## 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 Add / Disable / Modify / Transfer	NAME Last, First, MI	OLN / STATE ID #	TYPE OF CERTIFICATION INQ w/CCH;INQ (TACs must be submitted on TAC Form)	N-DEX*
				<input type="checkbox"/>

**Updates for users at terminal agencies will not be accepted on this form.**

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