



APPOINTMENT OF LEADS AGENCY COORDINATOR (AC)

AGENCY NAME	AGENCY ORI	AC E-MAIL
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AC NAME PRINTED	FINGERPRINT DATE	AC OLN	AC TELEPHONE NUMBER
ASSISTANT AC NAME PRINTED	FINGERPRINT DATE	ASSISTANT AC OLN	ASSISTANT AC E-MAIL
ASSISTANT AC NAME PRINTED	FINGERPRINT DATE	ASSISTANT AC OLN	ASSISTANT AC E-MAIL
ASSISTANT AC NAME PRINTED	FINGERPRINT DATE	ASSISTANT AC OLN	ASSISTANT AC E-MAIL

Select number of additional Assistant AC lines if needed from dropdown Select

<input type="checkbox"/> Add CCH <input type="checkbox"/> Add NICS Add Additional Roles
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Remove AC certification from the former AC / Assistant AC(s) and modify their certification to (FQO, INQ, w/CCH, or Disable)

PREVIOUS AC NAME PRINTED	OLN	MODIFY TO
PREVIOUS ASSISTANT AC NAME PRINTED	OLN	MODIFY TO
PREVIOUS ASSISTANT AC NAME PRINTED	OLN	MODIFY TO
PREVIOUS ASSISTANT AC NAME PRINTED	OLN	MODIFY TO

I agree to comply with Ohio Administrative Code Chapter 4501:2-10 and its incorporated security policies and manuals, which governs use of the Law Enforcement Automated Data System. I understand failure to abide by these rules may result in the termination of LEADS access and/or prosecution where appropriate.

PRINTED NAME OF AGENCY ADMINISTRATOR	ADMINISTRATOR TITLE
AGENCY ADMINISTRATOR'S SIGNATURE X	DATE

AC SIGNATURE X	DATE
ASSISTANT AC SIGNATURE X	DATE
ASSISTANT AC SIGNATURE X	DATE
ASSISTANT AC SIGNATURE X	DATE

Return this form by fax to: (614) 995-1230 or e-mail to: LEADSAdmin@dps.ohio.gov