



## APPLICATION FOR REMOTE ACCESS – LEADS

### AGENCY LOCATION

|                      |     |             |      |       |  |
|----------------------|-----|-------------|------|-------|--|
| ORI                  |     | AGENCY NAME |      | DATE  |  |
| TAC NAME             |     | E-MAIL      |      | PHONE |  |
| ADDRESS              |     |             | CITY |       |  |
| STATE<br><b>OHIO</b> | ZIP | PHONE       |      |       |  |

### RSA TOKEN ASSIGNMENT

|                                                                                                                                                           |                     |                                                                       |  |           |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------|--|-----------|---------|
| NAME                                                                                                                                                      |                     | OHIO LICENSE NUMBER (OLN) or ACTIVE DIRECTORY (ODNR only)             |  |           |         |
| ACCESS TYPE<br><input type="checkbox"/> OpenFox Messenger <input type="checkbox"/> LEADS Mobile                                                           |                     | TEMPORARY<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  | FROM DATE | TO DATE |
| RSA TOKEN RE-ASSIGNMENT<br><input type="checkbox"/> YES <input type="checkbox"/> NO                                                                       | TOKEN SERIAL NUMBER | TRANSFER FROM                                                         |  |           |         |
|                                                                                                                                                           |                     | TRANSFER TO                                                           |  |           |         |
| ODNR DIVISIONS<br><input type="checkbox"/> OIL & GAS <input type="checkbox"/> PARKS <input type="checkbox"/> WATERCRAFT <input type="checkbox"/> WILDLIFE |                     |                                                                       |  |           |         |

### Additional Access Requested

The Law Enforcement Automated Data System has the right to deny or restrict access at its discretion. Ohio Revised Code 2913.04(B) states that "No person shall knowingly gain access to, attempt to gain access to, or cause access to be gained to any computer, computer system, or computer network without the consent of, or beyond the scope of the express or implied consent of, the owner of the computer, computer system, or computer network, or other person authorized to give consent by the owner."

I agree to use this access solely for the reasons disclosed above. I agree that I will not allow anyone else to use my access and will report any suspicions regarding such misuse. Any returned token not physically received by LEADS is subject to a lost token charge.

APPLICANT SIGNATURE

**X**

### TERMINAL AGENCY ADMINISTRATOR APPROVAL

|                                      |  |                                                                        |  |
|--------------------------------------|--|------------------------------------------------------------------------|--|
| ADMINISTRATOR NAME AND TITLE (typed) |  | <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED |  |
| ADMINISTRATOR SIGNATURE<br><b>X</b>  |  | DATE                                                                   |  |

### SECURITY ASSIGNMENT (Completed by LEADS security group ONLY)

|                                              |                 |      |
|----------------------------------------------|-----------------|------|
| RSA TOKEN SERIAL NUMBER                      | ASSIGNMENT DATE |      |
| LEADS SECURITY OFFICER SIGNATURE<br><b>X</b> |                 | DATE |

**FAX COMPLETED FORM TO (614) 644-0566, C/O LEADS SECURITY.**