

**JOINT TASK FORCE FOR LAW ENFORCEMENT COMMUNICATIONS
STATE LAW ENFORCEMENT RADIO SYSTEM
(SLERS)**

PERSONAL INQUIRY WAIVER
Authority for Release of Information

TO: Concerned Person or
Authorized Representative
Of Any Organization, Institution
Or Repository of Records

APPLICANTS NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NO.: _____

I respectfully request and authorize you to furnish to the Department of Highway Safety and Motor Vehicles, Division of Florida Highway Patrol any and all information that you may have concerning my work record, school record, military record, criminal record, financial and credit status. This information is to be used in determining my qualifications and fitness to have access to equipment and facilities which comprise the State Law Enforcement Radio System of the State of Florida.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

Applicants Signature

Date

Address

City, State & Zip Code

AFFIDAVIT

STATE OF Florida

COUNTY OF _____

Before me personally appeared the said _____ who said that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed in my presence the _____ day of _____, _____

My Commission Expires:

Notary Public

**JOINT TASK FORCE FOR LAW ENFORCEMENT COMMUNICATIONS
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(SLERS)**

APPLICATION FOR SECURITY CLEARANCE

Name: _____ Sex: _____

Race: _____ Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

Current Drivers License Number: _____ State: _____

Height: _____ Weight: _____ Hair Color: _____

Color Eyes: _____

Current Address:

Street	City	State	Zip
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Previous Address(s)

Street	City	State	Zip
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Street	City	State	Zip
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Street	City	State	Zip
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Street	City	State	Zip
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Street	City	State	Zip
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THIS INFORMATION IS REQUIRED FOR IDENTIFICATION PURPOSES. SUBMIT THE PACKAGE CONTAINING THIS FORM, THE PERSONAL INQUIRY WAIVER, AND EITHER YOUR PROPERLY ENDORSED FINGER PRINT SCANNING RECEIPT OR YOUR FINGER PRINT CARD TO:

Major Timothy J. Roufa
JTF Security Manager
Florida Highway Patrol
2900 Apalachee Parkway, MS 46
Tallahassee, Florida 32399

Signature of Applicant

Date

**JOINT TASK FORCE FOR LAW ENFORCEMENT COMMUNICATIONS
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NON-DISCLOSURE AGREEMENT

Employee or Contractor Name: _____

Agency or Business Name: _____

Agency or Business Address: _____

Agency or Business Telephone: _____

NOTE: Failure to complete ALL blank portions of this form will result in your application not being processed and returned to you for completion.

I _____, do hereby agree to uphold the policies and procedures adopted by the Joint Task Force on State Law Enforcement Communications to safeguard the information and associated resources that may be entrusted to me, or that I may come into contact with, and, agree to report violations of policies or procedures to the JTF Security Manager, Information Security Officer, State Technology Office, or my immediate supervisor.

Signature of Employee or Contractor

Date

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REQUEST FOR SECURITY LEVEL

Upon completion of the security clearance and after signing the non-disclosure agreement, the following access is requested.

NAME: _____

VENDOR: FDOT - District Five Traffic Operations

PHYSICAL ACCESS

Prime Site(s)/ IMC Sites	Yes _____	No <u>X</u>
Transmit/Receive Sites	Yes <u>X</u>	No _____
Dispatch Centers	Yes <u>X</u>	No _____

INFORMATION ACCESS

OMNI ZONE/CSD COMPUTER

Super manager	Yes _____	No <u>X</u>	(maximum 3)
DMS/STO Manager	Yes _____	No <u>X</u>	(JTF Board Approval)
Agency Manager	Yes _____	No <u>X</u>	(Security Manager Approval)
Dispatcher	Yes _____	No <u>X</u>	(No limit)

COMPUTER AIDED DISPATCH

Super manager	Yes _____	No <u>X</u>	(Maximum 3)
Administrator	Yes _____	No <u>X</u>	(JTF Board Approval)
Supervisor Administrator	Yes _____	No <u>X</u>	(Security Manager Approval)
Supervisor Dispatcher	Yes _____	No <u>X</u>	(No limit)
Dispatcher	Yes _____	No <u>X</u>	(No limit)
Call Taker	Yes _____	No <u>X</u>	(No limit)
Field Offices	Yes _____	No <u>X</u>	(No limit)

MESSAGE SWITCH

Access must be obtained through Security Manager, DMS/STO Manager, or DMS/STO Regional personnel.

FCIC/NCIC - HOST COMPUTER

No access to this system, Law Enforcement Use Only.

DIAL-UP ACCESS

Specify system or location and level of access needed:

Signature Title Date

FLHSMV Fingerprint Confirmation

I acknowledge the Florida Department of Highway Safety and Motor Vehicles (FLHSMV) will process my fingerprints for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me to determine eligibility for employment. I understand the following:

- My fingerprints will be retained at FDLE and the Federal Bureau of Investigation (FBI) for the purpose of providing notice of any subsequent arrests.
- FLHSMV will use local, state, and national law enforcement databases to conduct the criminal justice employment check.
- Upon request, FLHSMV may provide a copy of my criminal history record to me.
- A copy of any national criminal history record that may pertain to me can be obtained directly from the FBI.
- I am entitled to challenge the accuracy and completeness of any information contained in any such criminal history record pursuant to F.S. 943.056 and Title 28, CFR, Section 16.30-34.
- I may obtain a prompt determination as to the validity of my challenge before a final decision is made regarding my status as an employee, volunteer, contractor, or subcontractor if it is the sole factor precluding my employment or unescorted access to the secure facility.

Name of Individual Fingerprinted: _____ Signature: _____ Date: _____

Name of Supervisor/Contract Manager: _____ Phone Number: _____

FLHSMV Employee or Vendor (NON CJIS) ORI: FL922700Z

FLHSMV Employee/Applicant Division: _____
Email copy of form to Fprec@flhsmv.gov or by fax to (850) 617-5196

FLHSMV Vendor Name of Vendor: _____ Division: _____
Email copy of form to Fprec@flhsmv.gov or by fax to (850) 617-5196
Civilian vendors are charged a fingerprint fee. Payment arrangements can be made by contacting (850) 617-3206

FHP/CJIS Employee or Vendor ORI: FL0379100

FLHSMV Employee/Applicant w/CJIS Access Division: _____
Email a copy of form to Fprec@flhsmv.com or fax to (850) 617-5196

FLHSMV Vendor w/ CJIS Access Division: _____
Email a copy of form to Fprec@flhsmv.com or fax to (850) 617-5196

Florida Highway Patrol Recruit
Email a copy of form to: TrooperApplList@flhsmv.gov or fax to (850) 617-5213

SLERS/SLERS Vendor/Road Ranger
Email a copy of form to: SLERS@flhsmv.gov or fax to (850) 617-5143

For Completion by Representative Processing Fingerprints ONLY:

1. The individual **MUST** present a valid driver license or identification card and signed form at the time of fingerprinting.
2. The individual's name **MUST** be entered **EXACTLY** as shown on their driver license or identification card into the LIVESCAN.
3. Once printed, the office must make a copy of the completed form and maintain the copy in the office for a minimum of 6 months.
4. The individual **MUST** take this completed form back to the supervisor/contract manager.
5. The supervisor/contract manager **MUST** email/fax a copy of this form to the appropriate contact listed.
6. Please contact supervisor/contract manager if you have any questions or if unsure which option to choose.

Location/Office ID: _____ Phone: _____ Date of Scan: _____

TCN #: _____ TCR #: _____

Print Name of Processor: _____ Signature: _____