

Attached is the user application form (ISP 9-79A 6/09) which must be completed, submitted to, and processed by the Illinois Uniform Crime Reporting Program prior to an agency being granted access to the Federal Uniform Crime Reporting Program electronic reporting tool. One form must be completed for each user, and there are no restrictions to the number of users an agency may have. The form may be faxed or mailed to the Program. Upon receipt, a user ID and password will be assigned and returned via e-mail to the applicant. Therefore, it is imperative to provide a valid e-mail address when completing the form. It will be the responsibility of each law enforcement agency to submit a form as additional users are identified in the future.

#### Instructions

- Complete the asterisk fields in Part 1: User Identification. If an employee does not have an agency-assigned ID number, submit the last four digits of the employee's social security number.
- Complete the asterisk fields in Part 2: Agency Information. Supervisor signature is required in Part 2.
- Part 3 has been completed and no action needs to be taken in this section.
- User signature is required in Part 4: User Agreement.

Contact the Illinois Uniform Crime Reporting Program with questions concerning the completion of the user application form.

Illinois Uniform Crime Reporting Program  
801 South 7<sup>th</sup> Street, 300-Main  
Post Office Box 19461  
Springfield, Illinois 62794

Telephone: 217/557-6482  
Fax Number: 217/524-8850



**ILLINOIS STATE POLICE  
I-CLEAR  
User Identification/Attribute Form  
(Please Type or Print Legibly)**

Part 1: User Identification (\* denotes required field)

\*Name: \_\_\_\_\_ \*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Sworn/Civilian Badge/ID: \_\_\_\_\_

\*Title/Rank: \_\_\_\_\_ \*E-mail address: \_\_\_\_\_ \*Phone: \_\_\_\_/\_\_\_\_-\_\_\_\_\_

\*\*\*\*\*

Part 2: Agency Information

\*Agency Name: \_\_\_\_\_ \*ORI: \_\_\_\_\_

Division: \_\_\_\_\_ Region/Area: \_\_\_\_\_ District/Zone: \_\_\_\_\_ Squad: \_\_\_\_\_ Unit: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

\*Supervisor Name: \_\_\_\_\_ \*Phone: \_\_\_\_/\_\_\_\_-\_\_\_\_\_

\*Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

Part 3: System Access - Check application(s) for which user should be authorized

( ) I-CLEAR/Data Warehouse      ( ) I-CLEAR/I-CASE      (X) Uniform Crime Reporting (UCR)

I-CLEAR Data Warehouse Authorization: ( ) Administrator ( ) Analyst ( ) Query

I-CASE Authorization: ( ) Supervisor ( ) Sworn Officer ( ) Investigator ( ) Telecommunicator ( ) Civilian

\*\*\*\*\*

Part 4: User Agreement

I understand use of the Illinois State Police's computer systems, all related equipment, software, programs, data, manuals, and facilities is intended for and may only be used for the purpose of accomplishing the official criminal justice business. Access to data and dissemination of data must be performed only in compliance with Illinois statutes and departmental policies (reference ISP Directives Manual). I also understand that I am personally responsible for all usage under my user ID according to ISP Security policy. If I intentionally or carelessly disclose my user ID and password, I understand that system usage is logged. If in an emergency I find it necessary to share my user ID and password with another person, I accept full responsibility for that person's usage of the system and at the earliest possible time, I will change or cause my password to be changed.

\*User's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

Part 5: User ID Disposition - (ISP Administration Staff Use Only)

User ID Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

Temporary Password Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

Email Notification to User Sent by: \_\_\_\_\_ Date: \_\_\_\_\_