



REQUEST FOR ACIC TRAINING

322 South Main Street
Suite 615
Little Rock, AR 72201
Fax: 501-682-7444

Date Emailed or Faxed:

Name _____
 Sex _____
 Date of Birth _____
 Oper. License # _____
 *Last four of SS# _____
 CSN# _____
CLEST# _____
 Phone # to CLEST (501) 682-2260 _____
 Date of Employment _____
 Rank-Job Title _____

If you are hiring an individual that does not have an Arkansas State Driver's License, please complete the information below.

Race _____
 Height _____
 Weight _____
 Hair Color _____
 Eye Color _____
 Address _____
 State/ZIP _____
 Place of Birth _____

Student Email address:

ORI# _____
 Agency _____
 Address _____
 City _____ Zip _____
 Chief Official _____ Phone # _____

Date of Class: _____ **Access Level of Employee:** _____
Location of Class: _____ **Type of Class:** _____
Instructor _____

SECURITY CLEARANCE

As chief official of this department I certify that this individual is in compliance with ACIC Policies and Procedures:

U. S. Citizen

Yes No If no, contact ACIC.

Subject must be at least 18 years of age.

Subject was checked through ACIC and NCIC III for criminal history.

(If criminal history was found please attach explanation to this form.)

Subject's fingerprints were submitted to ASP and FBI ID Bureaus.

Chief Official's Signature

Date

* Last four of SS# is Required

**Basic Requires Security Clearance

***Advanced Requires the student to have 30 day of hands on training.

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