

Designation  
Of  
Terminal Agency Coordinator

I hereby designate \_\_\_\_\_  
(Rank or Title) (Name)  
to serve as Terminal Agency Coordinator (TAC) for this department.

I understand that a TAC is expected to be the primary liaison between my department and ACIC, to actively represent my department on matters relating to ACIC, to be familiar with the record system and communications needs of my department, to be responsible for receiving information from ACIC and appropriately handling or disseminating it within my department, and to keep ACIC informed on our training needs and other matters relative to the use of the ACIC system by my department.

I further agree to submit a new designation form to ACIC any time there is a change in the above named TAC.

\_\_\_\_\_  
Chief Official

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Date

Send to:

Arkansas Crime Information Center  
One Capitol Mall  
Little Rock, Arkansas 72201