

REQUEST FOR ACIC TRAINING

One Capitol Mall
Little Rock, Arkansas 72201
Email: training@acic.state.ar.us
Fax: 501-682-7444

Date Emailed or Faxed: _____

Name		Sex		DOB	
OLN & State		*SS#		CSN#	
Rank-Job Title		Date of Employment			

Agency		ORI	
City		Zip	
Chief Official of this Agency			

Access Level of Employee: Limited Full

TYPES OF CLASS REQUESTED			
**Level I <input type="checkbox"/>	Level IR <input type="checkbox"/>	Level II <input type="checkbox"/>	Level IIR <input type="checkbox"/>
BOC <input type="checkbox"/>	LASO <input type="checkbox"/>	Advanced LASO <input type="checkbox"/>	

***DATE TRAINING REQUESTED _____

TAC's Signature

SECURITY CLEARANCE	
As chief official of this department I certify that this individual is in compliance with ACIC Policies and Procedures.	
Officer: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach a copy of Law Enforcement Standards form F-1.	
If not an Officer complete below:	
Date Checked	
_____	Subject must be at least 18 years of age.
_____	Subject was checked through ACIC and NCIC III for criminal history. <i>If criminal history was found please attach explanation to this form.</i>
_____	Subject's fingerprints were submitted to ASP and FBI ID Bureaus. <i>Attach a photocopy to this form.</i>
_____	_____
Chief Official's Signature	Date

*When emailing training requests please do not fill in the Social Security Number field.
**Level I Requires Security Clearance.
***See **HELP TRAINING** for a list of training dates or contact your agent.