Designation
Of
Terminal Agency Coordinator (TAC)

I, ____________________ do hereby designate, __________________________ to serve as the
Terminal Agency Coordinator (TAC) for the _______________________________ department.

I understand that a TAC is expected to be the primary liaison between my Department and
ACIC (Arkansas Crime Information Center). They are to actively represent my Department on
matters relating to ACIC. They are to be familiar with the record system and communication
needs of my Department. They are responsible for receiving information from ACIC and
appropriately handling or disseminating the information within my Department. The designated
TAC will keep ACIC informed on our training needs and other matters relating to the use of the
*ACIC/NCIC/NLETS system.

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

Signature: ___________________________ Date: ______________
Chief Official

Signature: ___________________________ Date: ______________
Designated TAC

Contact Information for Designated TAC

Email: ____________________________________________ Phone: ____________________________

Please Mail or Fax Completed Form to:

Arkansas Crime Information Center
322 South Main Street, Suite 615
Little Rock, AR  72201
FAX: 501-682-7444

*ACIC (Arkansas Crime Information Center)
*NCIC (National Crime Information Center)
*NLETS (National Law Enforcement Telecommunication System)