PSN REQUEST FORM

Return completed form to WI DOJ - email request form to CIBPSN@doj.state.wi.us

Agency Name:	Date Requested:
Requestor's Name:	Telephone #:
Email Address:	Fax# (optional):

PLEASE INDICATE THE PSN TYPE AND QUANTITY

☐ **PORTAL 100 DIRECT CONNECT*** (IP ADDRESS REQUIRED) #_____

☐ **PORTAL 100 DWS CLIENT** (IP ADDRESS NOT REQUIRED) #_____

☐ **INTERFACE CLIENT** (IP ADDRESS NOT REQUIRED) #_____

ORI:	**IP Address or Interface Name:**
Location: (Jail, dispatch, squad)	**Device Type:** (desktop, laptop, tablet, smart phone)
***Access Level 1-3:** (or list an existing PSN to mirror access to)	**If Level 1, allow Federal III CHRI?**

ORI:	**IP Address or Interface Name:**
Location: (Jail, dispatch, squad)	**Device Type:** (desktop, laptop, tablet, smart phone)
***Access Level 1-3:** (or list an existing PSN to mirror access to)	**If Level 1, allow Federal III CHRI?**

ORI:	**IP Address or Interface Name:**
Location: (Jail, dispatch, squad)	**Device Type:** (desktop, laptop, tablet, smart phone)
***Access Level 1-3:** (or list an existing PSN to mirror access to)	**If Level 1, allow Federal III CHRI?**

***Access Level:**

1: **Standard Query**: Available to mobile and in-house workstations. Provides access to: DOT, DNR, NCIC & CIB Hotfiles, Probation & Parole, Wisconsin and out-of-state CHRI. Training requirements: MDC Certification

2: **Full Query**: Available to in-house workstations only. Access to all queries. Training requirements: Basic Certification

3: **Full Access**: Available to in-house workstations only. Access to all queries plus record entry/modify/cancel capability and hit confirmation requests. Training requirements: Advanced Certification

List any additional information: