

PSN REQUEST FORM



Return completed form to WI DOJ - CIBPSN@doj.state.wi.us or fax to 608-267-1338

Agency Name:		Date Requested:
Requestor's Name:		Telephone #:
Email Address:		Fax# (optional):
PLEAS	E INDICATE THE P	PSN TYPE AND QUANTITY
☐ INTERFACE CLIENT (IP ADDRESS NOT REQUI		QUIRED) #
PORTAL XL CLIENT (IP ADDRESS NOT REQUIRED) #		
ORI:	IP Address or Inte	erface Name:
		evice Type: sktop, laptop, tablet, smart phone)
*Access Level 1-3: (or list an existing PSN to mirror access to)		evel 1, allow Federal III CHRI?
ORI:	IP Address or Inte	erface Name:
Location: (Jail, dispatch, squad)		evice Type: sktop, laptop, tablet, smart phone)
*Access Level 1-3: (or list an existing PSN to mirror access to)	If Lo	evel 1, allow Federal III CHRI?
ORI:	IP Address or Interface Name:	
Location: De (Jail, dispatch, squad) (de		evice Type: sktop, laptop, tablet, smart phone)
*Access Level 1-3: (or list an existing PSN to mirror access to)		evel 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: