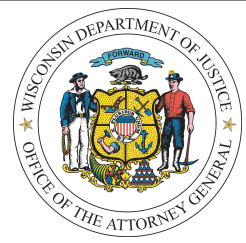




PSN REQUEST FORM



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):

PLEASE INDICATE THE PSN TYPE AND QUANTITY

INTERFACE CLIENT #
INTERFACE NAME:
PORTAL XL CLIENT #

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

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

ORI:	
Location: (Jail, dispatch, squad)	Device Type: (desktop, laptop, tablet, smart phone)
*Access Level 1-3: (or list an existing PSN to mirror)	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

Red outlined fields are minimum required data necessary for PSN assignment by CIB.

List any additional information: