

**Texas Department of Public Safety
Livescan Internet Interface Authorization Form for FTP**

Agency Name:			
Agency ORI:			
Physical Address:			
Mailing Address:			
Agency Point of Contact:	1st		2nd
Agency Phone Number:			
E-mail Address for Point of Contact:			
Has the agency purchased a Livescan?			
Number of Livescan terminals:			
Livescan vendor:			
Contact Name:	Number:	Email:	
Does the agency have a records or jail management system (RMS/JMS) ?			
Will the RMS and Livescan System be interfaced?			
RMS/JMS vendor:			
Contact Name:	Number:	Email:	
Is this agency in an Electronic Disposition Reporting (EDR) participating county?			
Will the Livescan submit class B and above arrests?			
Does the agency plan on submitting class C arrests?			
Will the Livescan submit Sex Offender Registration (SOR) fingerprints?			
Will the Livescan submit the agency's criminal justice applicant fingerprints?			
If yes, does your agency have a Clearinghouse account? <small>*Clearinghouse subscriptions must be validated yearly.</small>			
Does your livescan have a camera to submit photos to DPS?			
Will your agency submit palms to DPS?			
Will your agency submit Iris Images to DPS?			
For DPS use only:			
Authorization form received:			Date: _____
Livescan User Agreement received:			Date: _____
Process flow information for reporting to the county's prosecutors and courts received:			Date: _____
CJIS Security Approval			Date: _____
Terminal ID and Agency ID issued by DPS:			Date: _____
TRN Range issued by DPS:			Date: _____
Username and Password issued by DPS:			Date: _____
Encryption Key assigned to the agency by DPS:			Date: _____
Livescan installation scheduled:			Date: _____
Test records sent by agency to DPS:			Date: _____