

**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:		
For DPS use only:									
Authorization form received:						Date: _____			
ME User Agreement 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: _____			