

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

<b>Agency Name:</b>			
<b>Agency ORI:</b>			
<b>Physical Address:</b>			
<b>Mailing Address:</b>			
<b>Agency Point of Contact:</b>	1st		2nd
<b>Agency Phone Number:</b>			
<b>E-mail Address for Point of Contact:</b>			
<b>Number of devices purchased:</b>			
<b>Mobile ID device make:</b>			
<b>Mobile ID device model:</b>			
<b>Mobile ID vendor:</b>			
<b>Mobile ID vendor contact:</b>			
<b>Mobile ID vendor phone number:</b>			
<b>Mobile ID vendor e-mail address:</b>			
You would like to submit to (circle/bold one): <b>FBI</b> <b>DPS</b> <b>DPS and FBI</b>			
<b>For DPS use only:</b>			
Authorization form received:			Date: _____
Signed MOU received:			Date: _____
Appropriate use policy received:			Date: _____
Sample record verified:			Date: _____
CJIS Security Approval:			Date: _____
Encryption Key assinged to the agency by DPS:			Date: _____
Mobile ID installation scheduled:			Date: _____
Test record sent by agency to DPS:			Date: _____