



LAW ENFORCEMENT REGISTRATION / RE-AUTHENTICATION FORM

New User

Update User Info

Each user granted access to INSPECT holds a position of trust and must preserve the security and confidentiality of the INSPECT data he/she uses. INSPECT approved users must meet specific eligibility requirements and must abide by all applicable federal and State guidelines including, but limited to, IC-35-48-7 and The Health Insurance Portability and Accountability Act of 1996 (HIPPA). Misuse of INSPECT data constitutes a criminal offense and may result in the suspension/revocation of a registered accountholders access privileges, or, in some cases, action against the offending accountholder's professional license and/or agent. Registered accountholders wishing to reinstate their INSPECT account access privilege must formally petition the Controlled Substances Advisory Committee (CSAC).

PLEASE PRINT LEGIBLE

Requestor Name _____

Badge Number _____

Drivers License Number _____

Supervisor Signature (**REQUIRED**) _____

Please select your occupation:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Attorney General | <input type="checkbox"/> Narcotics Control | <input type="checkbox"/> Federal / Special Agent | <input type="checkbox"/> Probation /Parole Officer |
| <input type="checkbox"/> Local Police | <input type="checkbox"/> Deputy Sheriff | <input type="checkbox"/> Coroner | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Investigator | <input type="checkbox"/> Board Member | <input type="checkbox"/> State Trooper | |

Primary Residence Address _____

City: _____ State: _____ Zip: _____

Telephone Number (including area code) _____ Cell/Other Number (including area code) _____ Fax Number (including area code) _____

E-mail Address (**Provide a secure personal email address for the registering individual**) ****REQUIRED** _____

Residence Address Listed on Driver's License (if different from above) _____

City: _____ State: _____ Zip: _____

I certify that the information I request will be kept confidential, and I understand that I will be held liable for any breach of that confidentiality.

Signature of Affiant _____

Date _____

STATE of _____
 COUNTY OF _____

AFFIDAVIT

Before me, the undersigned authority in and for the State of _____, personally appeared.

Who is known to me and who after being first duty sworn deposes and says that the above and foregoing document is true and correct to the best of his/her knowledge, information, and belief formed after reasonable inquiry.

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public Seal
 Notary Public Signature _____

FOR DEPARTMENT USE ONLY			
Date Received	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Staff Signature	Date of Action