



# Non-HPD Personnel Logical System Access

## Houston Police Department

Submit Form To:  
**CJIS Compliance Unit**  
**CCU@houstonpolice.org**  
**Desk #: 713.308.9018**

This form is used for **personnel NOT employed by the Houston Police Department** and who are requesting sign-on capabilities to any HPD logical system (technological, computerized). **NOTE:** Review the Information Sheet for instructions.

<input type="checkbox"/> <b>External Agency</b>	Agency Name: _____	ORI#: _____	Date(mm/dd/yyyy)
<input type="checkbox"/> <b>Contractor</b>	Company Name: _____		
<b>Request Type</b> (Mark Which Apply)	<input type="checkbox"/> New Addition	<input type="checkbox"/> Access Changes <i>Must have Existing Temporary HPD #</i>	<input type="checkbox"/> Change of Information
	<input type="checkbox"/> Delete User		<input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Telephone <input type="checkbox"/> Agency/Co. <input type="checkbox"/> Rank <input type="checkbox"/> Email

<b>Applicant Information</b>		Existing/Prior Temporary HPD #:	
Last Name:	First Name:	MI:	
Applicant Email:			Rank/Title:
DOB:	Race/Sex:	DL-ID Number:	TXDPS User ID: (LE Only)
Work Address:	City:	State:	Zip:
Agency TAC or Contact Name:		Agency TAC or Contact Email:	Contact Office Telephone:
Other Information / Notes:			

<b>Requested Access:</b> <i>Specified in Agreement</i>	<input type="checkbox"/> HPD Network	<input type="checkbox"/> RMS (Ext. Agency)	<input type="checkbox"/> RMS (Individual Access)
<input type="checkbox"/> Other (Specific): _____			

<p>Upon signing this access request form you acknowledge the specific agreement (MOU, MCA, or Security Addendum) signed by your agency/company, in addition to the <b>HPD Network Remote Access Agreement</b>. <b>Accounts Inactive for greater than 90 Days will be Disabled.</b></p>	<p align="center"><b>HPD Division Responsible for Applicant</b></p> <p>Division/Project: _____</p>
	<p align="center">_____ Applicant's Signature</p>

**DO NOT WRITE BELOW THIS LINE - HPD USE ONLY**

<b>CJIS Compliance Unit</b>	CJISID: _____	Date Sent to IVU: _____	TAC: _____
MOU <input type="checkbox"/> MCA <input type="checkbox"/> Volunteer <input type="checkbox"/> Sec-Add <input type="checkbox"/>	Routing ORI # _____		

<b>Police Personnel System Entry</b>			
Entered By: _____	Date: _____	Terminated User: <input type="checkbox"/>	Temporary HPD# _____

<b>Gang Division</b> (If Applicable)			
Date: _____	Staff Review: _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved

<b>Technology Services</b>	Date Access(s) Provided: _____	Date Notified: _____
Processed By: _____	ITSM Tracking # _____	