



Houston Police Department

TCIC/NCIC Practitioner 2 hr. Video

Training Certification Form



LMS CJISID: R _____

Texas Crime Information Center / National Crime Information Center

I acknowledge that I have viewed the Practitioner's course material via the DVD provided. I further acknowledge that I am responsible for familiarizing myself with the documents contained on the DVD and that I can be held civilly and/or criminally accountable for failing to comply with the rules and requirements set forth therein. **Consider all fields on this form MANDATORY.**

Please Complete on the Computer or Print Legibly:

Last Name: _____ First Name: _____

Date of Birth _____ Identification Number _____ State: _____

Email: _____ Company Name: _____
Company or Personal Email

Company Address: _____
Street, State, Zip

Manager Name / Company Phone Number: _____

By signing this form I acknowledge that I have viewed the Criminal Practitioner's TCIC/NCIC Training DVD and related materials and understand the rules and regulations associated with working on computers, computer networks, or in facilities that may provide access to criminal justice information.

Signature: _____ Date: _____