



INFORMATION Privacy Act - The transacting of business by electronic mean is governed in part by the Federal Privacy Act (5 U.S.C. 552) and the Illinois Electronic Security Act (5 ILCS 175/5). Any person or organization, public or private, submitting an application to the Illinois Law Enforcement Training and Standards Board, shall include in such application, or as an attachment thereto, all information deemed necessary by the agency. Neither the Illinois Law Enforcement Training and Standards Board or any successor department, office, officer, or agency, nor any entity succeeding to possession of information submitted by an applicant except to the same extent and under the same conditions that a federal agency is permitted to disclose information under the provisions of the Federal Privacy Act.

INSTRUCTIONS

- Complete all applicable sections of this application to (1) request access privileges for a new account (s), or (2) modify access privileges to an existing account. Detailed instructions available at: http://www.ptb.state.il.us/edi_info.html.
- Mail the completed and **signed (BOTH LINES)** application to the address listed above to the attention of the IT Manager.
- After your application has been reviewed, the Board will notify the agency applicant via email. This email will contain both the applicant's user logon ID and the default password.

1. USER INFORMATION			
1. APPLICANT NAME (LAST, FIRST, MI)			
2. DEPARTMENT NAME		3. JOB TITLE	
4. DEPARTMENT MAILING ADDRESS (STREET/PO BOX)		5. CITY	6.STATE 7. ZIP
8. BUSINESS E_MAIL ADDRESS (Required)		9. BUSINESS CONTACT NUMBER ()	
2. ACCESS REQUESTED			
Select function and type of access			
FOR AGENCIES ONLY: (will automatically have read only for MTU/Academy)			
10. <input type="checkbox"/> Notice of Appointment/Separation (FORM E)	<input type="checkbox"/> Editing Access	<input type="checkbox"/> Read Only	<input type="checkbox"/> Signature Authority
11. <input type="checkbox"/> Personnel Roster	<input type="checkbox"/> Editing Access	<input type="checkbox"/> Read Only	(sig. Auth. Same as FORM E)
12. <input type="checkbox"/> Firearms Roster	<input type="checkbox"/> Editing Access	<input type="checkbox"/> Read Only	<input type="checkbox"/> Signature Authority
13. <input type="checkbox"/> Officer Training History			
FOR MTU/ACADEMY ONLY:			
14. <input type="checkbox"/> Basic/Certified Class Roster	<input type="checkbox"/> Editing Access	<input type="checkbox"/> Read Only	
3. MODIFY / DEACTIVATE ACCOUNT (Complete Boxes 1-4 and 18-20 for either)			
15. <input type="checkbox"/> MODIFY CURRENT ACCOUNT - ALSO COMPLETE BOXES 12-16		16. <input type="checkbox"/> DEACTIVATE ACCESS	
4. APPLICANT ATTESTATION			
I agree to the following conditions when accessing the Board's EDI system:			
<ul style="list-style-type: none"> • I understand that the EDI system, and the information contained therein, is for official use only, and that I am entering a secured site that contains personal, confidential information which is protected by federal and state laws. • I understand that all system activity may be monitored and any transactions logged. By using this system, I expressly consent to any and all such monitoring and/or recording of my activity. I also understand that if monitoring reveals possible evidence of criminal activity, legal action will be taken. • I understand that any false or unauthorized use or disclosure of a signature device or misrepresentation of identity in furtherance of a scheme or artifice to defraud shall be guilty of a Class 2 felony. • I understand that my access privileges will be monitored or revoked if my employment status or duties change. 			
17. APPLICANT SIGNATURE ▶		DATE	
5. EXECUTIVE APPROVAL OR AUTHORIZED DESIGNEE			
My signature confirms the following:			
<ul style="list-style-type: none"> • I agree that above named applicant has permission to access the Board's EDI system on behalf of this agency (Department, MTU or Academy) according to the privileges indicated above. • I agree to notify the Board whenever the above individual's access rights are to be modified or deactivated. 			
18. PRINT AUTHORIZED NAME		19. JOB TITLE	
20. AUTHORIZED SIGNATURE ▶		DATE	