

APPLICATION PROCESS

A user ID and password is required to access the I-UCR Program's electronic on-line reporting tool. The attached user ID application form must be completed and submitted to the I-UCR Program for processing. The form may be mailed or faxed (217/524-8850) to the I-UCR Program. Upon receipt, the form will be processed and credentials (user ID and password) will be assigned to the applicant. The credentials will be sent to the applicant via e-mail. One form must be submitted for each user. **DO NOT** share one user ID and password among several employees. There is no limit to the number of user IDs that can be assigned to an agency.

FORM COMPLETION

User Identification Section

- Completion of all fields is required.
- If the applicant does not have a badge or ID number, use the last four digits of the applicant's social security number.
- To Meet CJIS security requirements, provide an e-mail address specific to the applicant if possible, rather than providing a generic agency e-mail address used by numerous agency personnel. An applicant's personal e-mail address will be accepted.

Agency Information Section

- Completion of all fields required.
- Chiefs and Sheriffs must obtain a supervisor's signature (Mayor, Village President, County Chairman or Board Member, etc.)

User Agreement Section

- Completion of all fields required.

System Access Section

- UCR is preselected and should be the only option checked. If you are interested in I-Case or Data Warehouse access, contact the I-UCR Program Manager at 217/557-6482 for a referral.
- If the applicant currently has access to either I-Case or Data Warehouse, an application form is still necessary requesting access to the UCR reporting tool. Indicate current access by writing: **CURRENT USER – REQUEST UCR ROLE** on the form in the area of the System Access Section.

DELETION OF USER ID

If an employee is no longer employed by the agency (resignation, retirement, dismissal) or has been reassigned and no longer needs access to the reporting tool, a request to delete the employee's user ID must be submitted. Submit an e-mail containing the user's full name and agency to: IUCR_Program@isp.state.il.us



**I-CLEAR
User Identification/Attribute Form
Fax to: I-UCR Program - 217/524-8850**

*******System Access*******

******* User Identification *******

Name: _____ Date of Birth: ___/___/_____

Badge/ID: _____ Title/Rank: _____

E-mail: _____ Phone: ___/___-_____

******* Agency Information *******

Agency Name: _____ ORI: _____

Mailing Address: _____

Supervisor Name: _____ Phone: ___/___-_____

Supervisor Signature: _____ Date: ___/___/_____

******* User Agreement *******

I understand use of the Illinois State Police's computer systems, all related equipment, software, programs, data, manuals, and facilities is intended for and may only be used for the purpose of accomplishing the official criminal justice business. Access to data and dissemination of data must be performed only in compliance with Illinois statutes and departmental policies (reference ISP Directives Manual). I also understand that I am personally responsible for all usage under my user ID according to ISP Security policy. If I intentionally or carelessly disclose my user ID and password, I understand that system usage is logged. If in an emergency I find it necessary to share my user ID and password with another person, I accept full responsibility for that person's usage of the system and at the earliest possible time, I will change or cause my password to be changed.

User's Signature: _____ Date: ___/___/_____

- Data Warehouse
- I-Case (Check all that apply)
- Mobile User
 - Agency Administrator
 - Organization Administrator
 - Supervisor
 - Investigator (Officers completing cases without supervisory authority)
 - Telecommunicator/Dispatcher
 - Civilian
- Uniform Crime Reporting (UCR)

*******User ID Disposition*******

(IAC/ISP Administration Staff Use Only)

I-Case Training Date: ___/___/_____ DWH Training Completed: Date: ___/___/_____

LEADS Certification Expiration: ___/___/_____

User ID: _____ Entered by: _____ Date: ___/___/_____

Temporary Password Entered by: _____ Date: ___/___/_____

Email Notification to User Sent by: _____ Date: ___/___/_____

Agency Hierarchy Assignment:

Division/Command: _____

Region: _____ District/Zone: _____

Platoon: _____ Squad: _____