

KCJIS AGENCY CONTACT FORM

Complete each section of the form that applies to your agency, by including ALL current TAC, LASO and Agency Head assignment information each time you submit this form. This information should reflect the information listed in KACIS and nexTEST.

AGENCY NAME: _____ ORI: _____

TAC #1	Name: _____ User ID: _____ Phone: _____ Fax : _____ E-mail: _____ Remove: _____ User ID: _____
TAC #2	Name: _____ User ID: _____ Phone: _____ Fax : _____ E-mail: _____ Remove: _____ User ID: _____
TAC #3	Name: _____ User ID: _____ Phone: _____ Fax : _____ E-mail: _____ Remove: _____ User ID: _____
AGENCY HEAD	Name: _____ User ID: _____ Title: _____ Phone: _____ Fax : _____ E-mail: _____ Remove: _____ User ID: _____
LASO	Name: _____ User ID: _____ Phone: _____ Fax : _____ E-mail: _____ Remove: _____ User ID: _____

Note: This form must be signed by an authorized person (either an already-existing TAC, or an already-existing agency head)

Authorizing Signature: _____ Date: _____