



Harris County Justice Information Management System Southeast Texas Crime Information Center Agency Application

Date: _____

Agency: _____

State ID: TX ORI: TX _____ Jurisdiction Population: _____

Agency or Department Head: _____

Agency Contact:

Name: _____ Title: _____

Phone: () _____ E-mail: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Number of Police Officers:

Total: _____ Field: _____ Reserve: _____

Check the Level of Access Desired:

Full Service (Entry and Inquiry) Inquiry Only

Warrant Verification Hours:

24 hours From _____ a.m. / p.m. To _____ a.m./ p.m.

Warrant Verification Phone Number: () _____

Terminal Information:

Number of Terminals Connected Directly to SETCIC: _____

Number of Terminals Connected to SETCIC Via TLETS: _____

Terminal IDs or TLETS Addresses			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Authorization:

Requested By: _____ Signature: _____

Agency Chief Executive: _____

Agency Attorney: _____

SETCIC Use Only		
Date Received: _____	MC Approval Date: _____	CC Approval Date: _____
Entered By: _____ Date Entered Into SETCIC: _____		