

PSN REQUEST FORM

Return completed form to CIBPSN@doj.state.wi.us or fax to 608-267-1338

Agency Name:	Date Requested:
Requestor's Name:	Telephone #:
Email Address:	Fax# (optional):

PLEASE INDICATE THE PSN TYPE AND QUANTITY

- | | | |
|--|---|-------|
| <input type="checkbox"/> PORTAL 100 DIRECT CONNECT* (IP ADDRESS REQUIRED) | # | _____ |
| <input type="checkbox"/> PORTAL 100 DWS CLIENT (IP ADDRESS NOT REQUIRED) | # | _____ |
| <input type="checkbox"/> INTERFACE CLIENT (IP ADDRESS NOT REQUIRED) | # | _____ |

ORI:	IP Address or Interface Name:
Location: <small>(Jail, dispatch, squad)</small>	Device Type: <small>(desktop, laptop, tablet, smart phone)</small>
*Access Level 1-3: <small>(or list an existing PSN to mirror access to)</small>	If Level 1, allow Federal III CHRI?

ORI:	IP Address or Interface Name:
Location: <small>(Jail, dispatch, squad)</small>	Device Type: <small>(desktop, laptop, tablet, smart phone)</small>
*Access Level 1-3: <small>(or list an existing PSN to mirror access to)</small>	If Level 1, allow Federal III CHRI?

ORI:	IP Address or Interface Name:
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*Access Level 1-3: <small>(or list an existing PSN to mirror access to)</small>	If Level 1, allow Federal III CHRI?

***Access Level:**

- 1: **Standard Query:** Available to mobile and in-house workstations. Provides access to: DOT, DNR, NCIC & CIB Hotfiles, Probation & Parole, Wisconsin and out-of-state CHRI. Training requirements: MDC Certification
- 2: **Full Query:** Available to in-house workstations only. Access to all queries. Training requirements: Basic Certification
- 3: **Full Access:** Available to in-house workstations only. Access to all queries plus record entry/modify/cancel capability and hit confirmation requests. Training requirements: Advanced Certification

List any additional information:

CIB Use

Person Completing: _____ Date Returned: _____