



Law Enforcement Agency Contact/ Modification Form

Instructions

We ask that each law enforcement agency have **three** contacts for Mississippi NIBRS. These individuals will be critical for receiving official correspondence regarding NIBRS. This form allows us to show the FBI that your agency has committed to the transition to NIBRS and allows us to issue the individuals listed usernames and passwords to the State Repository, Crime Insight, to begin testing for certification.

We require each individual to have their own email address. This is so that we can issue them log in credentials for access to the State Repository, Crime Insight. Please provide an Official work email address only (no personal email address). **Listing the same email address for different individuals or neglecting to list an email address will delay processing of this form.**

Please Note: Only the *Chief or Sheriff's* information is to be listed in the Agency Head section of this form. Listing anyone other than the Chief or Sheriff will delay processing of this form.

Descriptions for MS NIBRS Contacts

The following definitions for the Mississippi NIBRS agency contacts are provided to help determine the most appropriate individuals for these tasks within the agency. One person can be named for more than one role, which should be identified if that is the case.

The Agency Head (Commissioner, Sheriff, Chief, Director, etc.)

This individual is responsible for the executive decisions with the agency's day-to-day operations and provides leadership to the agency personnel. While not directly involved in data uploading, they are aware of the reporting progress, review, and approve annual reports. They use the data to make informed decisions based on the data insights.

The Reporting Agency Coordinator (RAC)

This individual is vital to your agency in uploading to the repository. They ensure accurate and timely submission of your agency's data into Crime Insight. Their expertise ensures that your agency's information is accurately reported in the NIBRS database.

The Alternate Reporting Agency Coordinator (Alt. RAC)

In the absence of the RAC, the Alt. RAC steps in to assist your agency in reporting NIBRS seamlessly. The Alt. RAC serves as a backup to ensure data submissions are uninterrupted.

Additional User

Some agencies ask to have Additional Users. The Additional Users are only granted access to the testing site and are added to the MS NIBRS listserv. Please note that Additional Users do NOT have access to the Production site. If adding an Additional User, please complete an Additional User Form.

These three designated contacts are the only individuals authorized to access the repository and upload your agency's data. ***This controlled access enhances security and accuracy, reducing the risk of errors or unauthorized data manipulation.***



Mississippi NIBRS



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Please complete the form below and email the completed form to MSNIBRS@dps.ms.gov.

If you have any questions, please contact us at 601-933-9446, 601-933-9447, or 601-933-9448.

AGENCY INFORMATION

Agency's Name:		ORI Number: (9 Digit Number starting with MS)
Address:		Suite Number, P.O. Box, etc.:
City and County:	Zip Code:	Agency's Main Phone Number:
Agency's Fax Number:	Records Management Vendor:	NIBRS Version:

Please Check the box that applies. **If replacing or removing, please specify the individual's name that is being replaced or removed in the notes section.**

Reporting Agency Coordinator (RAC)			<input type="checkbox"/> Add	<input type="checkbox"/> Replace	<input type="checkbox"/> Remove
Title:	First Name:	Last Name:			
Phone Number:	Email:	Effective Date of Change:			
Notes:					
Alternate Reporting Agency Coordinator: (Alt. RAC)			<input type="checkbox"/> Add	<input type="checkbox"/> Replace	<input type="checkbox"/> Remove
Title:	First Name:	Last Name:			
Phone Number:	Email:	Effective Date of Change:			
Notes:					
Agency Head (Commissioner, Sheriff, Chief, Director, etc.)			<input type="checkbox"/> Add	<input type="checkbox"/> Replace	<input type="checkbox"/> Remove
Title:	First Name:	Last Name:			
Phone Number:	Email:	Effective Date of Change:			
Notes:					
Non-Entering Agency Agreement (Covered by Agency)					
<input type="checkbox"/> Please check this box, if your agency has an agreement with another reporting agency where they have agreed to enter crime statistics for your agency (ex: Municipality has an agreement with the Sheriff's Department to report).					
Agency Head Signature:					Date: