

NIBRS Certification Testing Request

Agency Info	Agency Name
	Agency ORI

It is critical that we have one primary person to contact at your agency. This person needs to have the availability to quickly address any questions or concerns from the state program. For a fast and easy transition, please make sure your Primary POC meets these qualifications (Reporting Agency Coordinator is recommended),

POC Info	Primary Point of Contact for Certification	
	POC Phone	POC Email

My department does not use any Records Management Software and request to certify by entering our information directly into the Incident Editor of the State Repository. *(skip this section)*

RMS Vendor Info	RMS Vendor Company Name	
	RMS Product Name	RMS Product Version
	RMS Vendor Point of Contact	
	RMS Vendor Phone	RMS Vendor Email

I have checked with my vendor, they believe they are NIBRS compliant.

CHECK ONE:

We have 6 months of data to begin the certification process. _____ - _____ *(include months)*

We have a new RMS and will submit monthly.

Name	Date
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Email completed form to msnibrs@dps.ms.gov