



MS NIBRS Repository (Crime Insight) Users Form

Please complete the form below to request usernames and passwords for individuals in your organization to have access to enter data into the repository. If you have any questions, please contact us at 601-933-9448/9449.

Vendor Name: _____

User 1

Name _____
Title _____
_____ Phone _____
Email _____

User 2

Name _____
Title _____
_____ Phone _____
Email _____

User 3

Name _____
Title _____
_____ Phone _____
Email _____

Vendor Point of Contact (POC): _____

POC Signature: _____ Date: _____



MS NIBRS Vendor Agencies Form

Please provide a complete list of law enforcement agencies that you provide services to in the state of Mississippi. If you have any questions, please contact us at 601-933-9448/9449.

Vendor Name: _____

- | | |
|-----|-----|
| 1. | 17. |
| 2. | 18. |
| 3. | 19. |
| 4. | 20. |
| 5. | 21. |
| 6. | 22. |
| 7. | 23. |
| 8. | 24. |
| 9. | 25. |
| 10. | 26. |
| 11. | 27. |
| 12. | 28. |
| 13. | 29. |
| 14. | 30. |
| 15. | 31. |
| 16. | 32. |