

## ***NIBRS Certification Testing Request***

<b>Agency Info</b>	<b>Agency Name</b>
	<b>Agency ORI</b>

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),

<b>POC Info</b>	<b>Primary Point of Contact for Certification</b>	
	<b>POC Phone</b>	<b>POC Email</b>

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)*

<b>RMS Vendor Info</b>	<b>RMS Vendor Company Name</b>	
	<b>RMS Product Name</b>	<b>RMS Product Version</b>
	<b>RMS Vendor Point of Contact</b>	<b>NIBRS Technical Specification Version</b>
	<b>RMS Vendor Phone</b>	<b>RMS Vendor Email</b>

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.

<b>Name</b>	<b>Date</b>
-------------	-------------

*Email completed form to [msnibrs@dps.ms.gov](mailto:msnibrs@dps.ms.gov)*