NIBRS Certification Testing Request

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 Point of Contact (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	**NIBRS Technical Specification Version**
	RMS Vendor Phone	**RMS Vendor Email**

Certification Process: Three (3) consecutive months of data. (Ex. Jan 2024, Feb 2024, March 2024)

Recertification Process: Two (2) consecutive months of data. (Ex. Jan 2024 and Feb 2024)
Agencies that switch RMS vendors, change file types (flat to XML), or a major RMS upgrade are required to complete the recertification process. This process will validate your RMS capabilities to properly report.

Data Requirements for all submissions:

- 4% or less error rate. *Beginning the process with Zero Errors is preferred.*
- Data must be a full month ex: 1-30, 1-31, etc.

☐ **We have 3 consecutive months of data and are requesting to begin the Certification Process.**

_____ _____
Beginning Month / Year *Ending Month / Year*

☐ **We have a new RMS and will submit monthly for Certification.**

_____
Beginning Month / Year

☐ **We are requesting to Recertify our agency.**

_____ _____
Beginning Month / Year *Ending Month / Year*

Name	Date

*** Email Completed Form to: msnibrs@dps.ms.gov**