



# 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: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

## 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 and their assigned 9-Digit ORI number 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. |