



MS NIBRS Repository (Crime Insight) Vendor 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 test site of Crime Insight. If you have any questions, please contact us at 601-933-9448.

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: _____



Vendor Contracted Law Enforcement Agencies

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.

Vendor Name: _____

Agency Name	ORI Number

Please submit additional pages, if you provide services for more than 15 law enforcement agencies.