

# IOWA/NCIC CERTIFICATION NOTICE

Provide as much information as possible. User ID field should be blank for new users.

Return form to [PSB-ACT@dps.state.ia.us](mailto:PSB-ACT@dps.state.ia.us) or fax to (515) 725-6201.

Employee Name: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ User ID: \_\_\_\_\_

Employing Agency: \_\_\_\_\_

Employing Agency ORI: \_\_\_\_\_ Terminal Address: \_\_\_\_\_

## New Employee

Date of Assignment: \_\_\_\_\_

User Role:

☐ Full Access User (Entry/Modification/Cancel/Inquiry)

☐ Less Than Full Access User (Inquiry Only)

Background Check:

☐ Completed

☐ In-Progress

## Status Change

☐ Resigned or retired (date): \_\_\_\_\_

☐ Terminated or resigned in lieu of termination (date): \_\_\_\_\_

☐ Check here if criminal charges or IOWA/NCIC violation

☐ Name change (former name): \_\_\_\_\_

☐ Other (Explain): \_\_\_\_\_

Authority: \_\_\_\_\_ Date: \_\_\_\_\_