



ACCESS Additional ORI Request



Please complete the information below. Submit this form, via e-mail, to ITDHelp@wsp.wa.gov

If the form is incomplete, it may be sent back to you and delay your request.

Agency Name:			
Requestor Name:			
Requestor E-Mail:		# of ORIs requested:	
Provide the agency primary ORI:		Check the type of terminal requested:	<input type="checkbox"/> Omnix <input type="checkbox"/> Regional Desktop <input type="checkbox"/> MDT/MDC <input type="checkbox"/> Wireless
If type checked is other than Omnix, provide the regional name (e.g., BREM, CHEHA, SEAKI, etc.):			
Provide the specific physical location for each requested ORI (for MDT/MDC, list the primary ORI address):		Is this a new location for terminals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide the specific intended use and the type of personnel (e.g., police, communications officers, etc.) who will be using the terminals:			
TAC Name:		TAC Phone Number:	()
TAC E-Mail Address:			

FOR WSP INTERNAL USE ONLY			
Validations Current:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Last Audit Complete:	<input type="checkbox"/> Yes <input type="checkbox"/> No
User Certification List Current:	<input type="checkbox"/> Yes <input type="checkbox"/> No	ORI Usage List Attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Criminal History 90% Compliant:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Notes:			
Date Approved	Approved By:		