**Berks County Department of Emergency Services**

**Law Enforcement Personnel Update Form**

**AGENCY INFORMATION**

**Law Enforcement Agency:** **Agency ORI:**

**Requestor:**

**Requestor Telephone:**

**Requestor Email Address:**

**OFFICER INFORMATION**

**Complete the fields below to add, change, or remove personnel information:**

**[ ]  - Add Personnel** **[ ]  - Change Personnel** **[ ]  - Remove Personnel**

**Employment Start Date:**

**Last Name:** **First Name:**

**Badge Number:** **Rank:**

**Gender:** **[ ]  - MALE** **[ ]  - FEMALE**

**Contact Number:** **Alternate Contact Number:**

**Department Email Address:**

**MOBILE CAD & CLEAN/NCIC**

**WebCAD user ONLY: [ ]  - YES [ ]  - NO**

**Mobile CAD User:** **[ ]  - YES** **[ ]  - NO**

**Does the Officer require JNet Access?** **[ ]  - YES** **[ ]  - NO**

**Has the Officer had previous JNet Access?** **[ ]  - YES, with what agency?** **[ ]  - NO**

**Date of Birth (for CLEAN/NCIC)\*\*:**

**Social Security Number (for CLEAN/NCIC)\*\*:**

**\*\*Date of Birth and Social Security information is needed by the TAC Officer for CLEAN/NCIC access through Mobile CAD. This information is NOT stored in CAD.**

**Is the officer currently employed with any other law enforcement agency in the Commonwealth? [ ]  - YES [ ]  - NO**

**If YES, what agency?**

**Which will be their primary agency?**

**What is their CLEAN User ID?**

**SKILLS / CERTIFICATIONS**

 **K-9 (check all that apply):** **[ ]  - Narcotics** **[ ]  - Explosives** **[ ]  - Search**

 **Accident Investigation:** **[ ]  - Yes**

 **MCSAP:** **[ ]  - Yes**

 **Spanish Speaking:** **[ ]  - Yes**

|  |  |  |
| --- | --- | --- |
|  | **Completed By:** | **Date:** |
| **Received by DES:** |  |  |
| **Personnel Jacket Updated:** |  |  |
| **Helpdesk Notified – Netmotion/2FA** |  |  |
| **ESS/CAD Credentials MMC Update:** |  |  |
| **TAC Notified - CLEAN/NCIC Access:** |  |  |
| **CLEAN Account Created:** |  |  |
| **Email to PSP Help Desk:** |  |  |
| **PSP Help Desk Account Created:** |  |  |
| **VTID Added:** |  |  |
| **JNET Account Created:** |  |  |
| **OCA Account Created:** |  |  |
| **Officer Notified/Completed:** |  |  |

**BELOW THIS LINE DES USE ONLY**

**Return completed forms to:** **BerksDES@countyofberks.com** **or FAX to** **610.374.8865**