**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**](mailto:BerksDES@countyofberks.com) **or FAX to** **610.374.8865**