



**DEPARTMENT OF PUBLIC SAFETY
MISSISSIPPI JUSTICE INFORMATION CENTER**

Certification Form

Agency ORI: _____ **Agency Name:** _____

Please TYPE or PRINT the name and USER ID of the operator(s) that you have completed training for and certified. Please indicate below if the training was for Original Certification (O) or Re-certification (R), and if the training was for Inquiry (I), or Full Certification (F). If you need to Disable (D) an operator, please indicate that below. Please complete and return within thirty (30) days of operator certification. Certificates will only be mailed for personnel being ORIGINALLY certified.

Operator Name	Date CERTIFIED	Operator ID	Full (F) Inquiry (I) Mobile (M)	Original (O) Recert. (R) Disable (D)

As the TAC Officer for this agency, I have fully trained and tested the individual(s) listed above.

Signature of TAC Officer

USER ID

Date