



DEPARTMENT OF PUBLIC SAFETY
MISSISSIPPI JUSTICE INFORMATION CENTER

Terminal Agency Coordinator Form

Please TYPE or PRINT the name of your Terminal Agency Coordinator (TAC) and the date of this appointment or change.

When you have completed this form, please return to:

MS Department of Public Safety
MJIC Quality Control
3891 Highway 468 West
Pearl, MS 39208

FAX: (601) 933-2662

Agency ORI: _____

Agency Name: _____

Name of TAC: _____

User ID: _____

E-Mail Address: _____

Assistant TAC: _____

User ID: _____

E-Mail Address: _____

Date of Appointment: _____

Signature of Agency Head

Date