



LEADS Station Cancellation/CHF Records

Transfer Request Form

For security purposes, agencies must notify LEADS Administration when a Station(s) is no longer being used. This form is to be used for canceling LEADS Station(s), transfer CHF records, or both. Indicate the reason for your submission by checking the appropriate box and completing the appropriate section(s) of this form:

_____ Station Cancellation _____ CHF Record Transfer _____ Both

Agency Name: _____

Primary Station: _____ Primary ORI: _____

Agency phone #: _____ Agency fax #: _____

LEADS Agency Coordinator: _____ Email: _____

Station Cancellation

Please list the Station(s) to be canceled. Effective Date: _____

Station _____ ORI _____ Station _____ ORI _____

Station _____ ORI _____ Station _____ ORI _____

Station _____ ORI _____ Station _____ ORI _____

Station _____ ORI _____ Station _____ ORI _____

If applicable, please indicate if agency primary ORI _____ should be reassigned to new primary LEADS Station _____. (Please complete if primary ORI is assigned to a Station that is being canceled) – (Agency’s primary ORI MUST be assigned to an active Station)

CHF Record Transfer

Please indicate the Station/ORI that you would like the CHF records transferred to:

Station*: _____ ORI: _____ Effective Date: _____

**NOTE: In accordance with LEADS policy, the terminal that the records are being transferred to must be manned 24/7.*

Once the CHF records have been transferred and the primary NCIC ORI has been reassigned to an active LEADS Station, the LAC will be emailed confirmation that the request has been completed.

Return to: Illinois State Police, LEADS Administration, FAX: (217) 524-2498

Failure to complete this form accurately and completely could delay processing

FOR ISP USE ONLY

	Date	Initials
<input type="checkbox"/> Reassignment of primary ORI to new primary Station change made.	_____	_____
<input type="checkbox"/> New LEADS primary Station change made.	_____	_____
<input type="checkbox"/> NLETS Orion Hours of Service (HOS) with or without terminal modified.	_____	_____