



## LEADS Application Forms Checklist

*(Please check each box that applies to your agency's application for LEADS and include with the required forms submitted to LEADS Administration at the address below.)*

AGENCY NAME: \_\_\_\_\_

PRIMARY NCIC ORI: \_\_\_\_\_

ICN Circuit Order Form (used for new circuit order or upgrade of existing circuit) sent to Illinois State Police, Logistics (address included on form), on \_\_\_\_\_ (date)

- No ICN Circuit Order Form Included Due to:
- Previously Installed
  - ICN Connection provided and located at:

\_\_\_\_\_  
(Name of LEADS agency providing ICN connection for your agency, e.g., Sangamon County Sheriff's Office, Cook County Sheriff's Police, DuPage County, the agency that provides an interface to LEADS for your agency, etc.)

The following forms must be submitted to Illinois State Police, LEADS Administration, 801 South Seventh Street, Suite 600-M Springfield, Illinois 62703 or Fax (217) 524-2498:

- LEADS Agreement
- Registry Form
- Device Data Form

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### ***FOR ISP USE ONLY***

- Agency Application Entered in Tracking Database \_\_\_\_ (initials)
- Department Data Entered in Registry \_\_\_\_ (initials)
- \_\_\_\_\_ Station(s)/ORI(s) Assigned \_\_\_\_ (initials)
- Device Data Entered in Registry \_\_\_\_ (initials)
- Connect Date (from Notification/Welcome letter) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (initials)
- Notification/Welcome Letter Sent \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (initials)



**Illinois State Police**  
**LEADS Registry Form**

ISP USE ONLY

*This form is to be completed by the LEADS Agency Coordinator.*

**Date LEADS Access Desired:** \_\_\_\_\_

**Primary Agency Information**

Agency Name \_\_\_\_\_

Bureau/Section/Division \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

Zip \_\_\_\_\_ Is agency available 24/7? \_\_\_\_\_

Primary Station <sup>1</sup> \_\_\_\_\_ Hit Confirmation Station<sup>2</sup> \_\_\_\_\_ Primary ORI<sup>3</sup> \_\_\_\_\_

Agency Type:<sup>4</sup> CJ-FA \_\_\_\_\_ CJ-LTFA \_\_\_\_\_ Non-CJ \_\_\_\_\_ MDC \_\_\_\_\_

Agency Code<sup>5</sup> \_\_\_\_\_ *(Refer to notes on page 2)*

Phone (non-emergency) ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**Agency Head Information**

Name (Last, First, Middle) \_\_\_\_\_

Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

**LEADS Agency Coordinator Information**

Name (Last, First, Middle) \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Ext \_\_\_\_\_

DOB (MMDDYY) \_\_\_\_\_ SID<sup>7</sup> \_\_\_\_\_ Sex \_\_\_\_\_

LEADS Certification:<sup>8</sup> Full Access \_\_\_\_\_ Less Than Full Access \_\_\_\_\_

Expiration Date (MMDDYY) \_\_\_\_\_

**LEADS Agency Technical Contact Information**

Name (Last, First, Middle) \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Ext \_\_\_\_\_

**NOTE: The *Forms Checklist* must be sent with this form for LEADS Application**



## LEADS Device Data

Number of LEADS Client Stations (CDCs) requested: \_\_\_\_\_

**Note: Please identify the specific location of the LEADS workstation(s), e.g., Communications, 911 Dispatch Center, Records, Investigations, Officer Jones, Chief Smith, etc. Additionally, please identify if the address is other than indicated on the Registry form. Failure to provide this information could delay your agency being processed for LEADS access.**

Location \_\_\_\_\_ Number to be Installed: \_\_\_\_\_

Address \_\_\_\_\_

Location \_\_\_\_\_ Number to be Installed: \_\_\_\_\_

Address \_\_\_\_\_

Location \_\_\_\_\_ Number to be Installed: \_\_\_\_\_

Address \_\_\_\_\_

Location \_\_\_\_\_ Number to be Installed: \_\_\_\_\_

Address \_\_\_\_\_

Location \_\_\_\_\_ Number to be Installed: \_\_\_\_\_

Address \_\_\_\_\_

Location \_\_\_\_\_ Number to be Installed: \_\_\_\_\_

Address \_\_\_\_\_

Location \_\_\_\_\_ Number to be Installed: \_\_\_\_\_

Address \_\_\_\_\_

Location \_\_\_\_\_ Number to be Installed: \_\_\_\_\_

Address \_\_\_\_\_

Location \_\_\_\_\_ Number to be Installed: \_\_\_\_\_

Address \_\_\_\_\_

*If additional locations are required, please include and attach to this Device Data form.*



## Illinois State Police LEADS Registry Form Notes and Explanations

- |   |                      |  |
|---|----------------------|--|
| 1 | Primary CDC          | Primary Call Directing Code (LEADS Terminal Identifier) designated by your agency  |
| 2 | Hit Confirmation CDC | Call Directing Code (LEADS Terminal Identifier) where hit confirmation message should be sent to confirm validity.   |
| 3 | Primary ORI          | Primary Originating Agency Identifier assigned by NCIC.  |
| 4 | Agency Type          | <p>CJ-FA      Criminal Justice Agencies which have Full Access to LEADS. (Inquiry and CHF File Maintenance)</p> <p>CJ-LTFA    Criminal Justice Agencies which have Less than Full Access to LEADS. (Inquiry Only)</p> <p>Non-CJ     Non Criminal Justice Agencies which have access to LEADS</p> <p>MDC        Agencies requesting to have access to LEADS for SOS imaging only.</p> |
| 5 | Agency Code          | Choose the Agency Code from the following table which most accurately describes your agency.   |

<b>Code</b>	<b>Definition</b>
AIR	AIRPORT/TRANSIT AUTHORITY POLICE
CC	DISPATCH/911 CENTER
CRR	CORRECTIONS
CRT	CIRCUIT COURT
CSS	CRIME SCENE SERVICES
CUP	UNIVERSITY POLICE
DNR	ILLINOIS DEPARTMENT OF NATURAL RESOURCES POLICE
DP	DATA PROCESSING
FBI	FBI/NCIC
FCT	FEDERAL COURT
FED	FEDERAL AGENCY
FOR	FOREST PRESERVE POLICE
HOS	HOSPITAL POLICE
ISP	ILLINOIS STATE POLICE

LAB	CRIME LABORATORY
MEG	METROPOLITAN ENFORCEMENT GROUP
<b>Code</b>	<b>Definition</b>
MIL	MILITARY POLICE
NLT	NLETS
PD	POLICE DEPARTMENT
PRB	PROBATION OFFICE
PRK	PARK POLICE
PRL	PAROLE BOARD
RRP	RAILROAD POLICE
SA	STATES ATTORNEY
SAC	APPELLATE COURT (STATE)
SO	SHERIFFS OFFICE
SOS	SECRETARY OF STATE
SSC	SUPREME COURT (STATE)
TF	TASK FORCE

6 24/7 Availability

Agencies which enter Computerized Hot Files into LEADS / NCIC must be operational/attended 24-hours a day, 7 days a week for Hit Confirmation Purposes. Answer Yes or No.

7 SID

Each user must be assigned a State Identification number issued by the Illinois State Police Bureau of Identification to access LEADS. Refer to the LEADS 3.0 Rules and Regulations, section VI. D. (<https://isp.illinois.gov/LawEnforcement/LEADS3dot0>) for details on how to verify SID numbers.

8 LEADS Certification

The LEADS Agency Coordinator must have completed the Full Access or Less than Full Access certification prior to application being submitted. Also, identify the date which the LAC's LEADS certification expires.