

LEADS 3.0 User Data

Name (Last, First, Middle) _____

Rank/Title: Agency Head
 LAC
 LATC
 Sworn
 Code/Civilian
 Telecommunicator
 Trainee

DOB: ____/____/____

SID: _____

Sex: M F

LEADS Certification: ____ Less than Full Access

 ____ Full Access

Expiration Date: ____/____/____

Signature of User: _____ Date: ____/____/____

DO NOT SEND THIS FORM TO ISP

Agencies are required to keep this form on file. *All LEADS 3.0 Users must be represented in your records by a complete and accurate User Data Form.* This requirement will be part of the LEADS triennial audit.