



# LEADS ADDITIONAL DEVICE DATA FORM

*This form is used to request additional LEADS Stations (formerly called CDC). It is NOT to be used for Interface CDC requests. The LEADS Messenger work station is NOT authorized to be used in a Mobile Data wireless environment.*

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Agency: \_\_\_\_\_

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

ISP USE ONLY

City: \_\_\_\_\_ ISP TROOP\* \_\_\_\_\_

\*If not sure of TROOP, refer to <https://isp.illinois.gov/Patrol/TroopMap>

LAC Name: \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

LAC Phone (    ) \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

Primary LEADS Station: \_\_\_\_\_ Primary NCIC ORI: \_\_\_\_\_

Number of additional LEADS Station(s)/Device ID(s) 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 above. Failure to provide this information could delay your agency's request for additional device data Station(s). LEADS terminal devices must be placed in a location under the direct control and supervision of authorized criminal justice personnel and be inaccessible to the public or persons not qualified to either operate, view or possess LEADS transmitted or received data.*

Number Requested \_\_\_\_\_

Number Requested \_\_\_\_\_

Location \_\_\_\_\_

Location \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Number Requested \_\_\_\_\_

Number Requested \_\_\_\_\_

Location \_\_\_\_\_

Location \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Once this form has been processed, the LAC will be emailed/faxed a document detailing the additional Station(s) ID.

*NOTE: Processing requests is dependent on obtaining a new ORI for the individual stations and can take five or more business days to complete.*

AGENCY HEAD SIGNATURE: \_\_\_\_\_

Return form to: **Illinois State Police  
LEADS Administration  
801 South Seventh Street, Suite 600-M  
Springfield, Illinois 62703**

**FAX: 217/524-2498**