



LEADS INTERFACE STATION ASSIGNMENT FORM

This form is to be used to request an interface Station(s) for new interface or an existing interface that requires additional interface Station(s).

Date: _____

Date Station(s) Requested By: _____

Return to: Illinois State Police
LEADS Administration
801 S. Seventh Street, Suite 600-M
Springfield, Illinois 62703
FAX: (217)524-2498

Station Assignment For (check all that apply)

- ☐ Interface (CAD)
☐ Inquiry
☐ Both Inquiry and Computerized Hot File Entry
☐ MDC (Mobile Data Computer)
☐ Handheld Device/Smart Phone
☐ Other (Indicate what type of interface) _____
☐ IPSAN Interface: Indicate a device type(s) (from above) along with any of the following:
☐ ALECS
☐ BULLET
☐ Mini BULLET

Station Requested For:

- ☐ New Interface Agency (*no previous LEADS interface*)
☐ Additional Interface Station (*Already established Interface Agency*)
☐ New Interface Station(s) for transition from old to new interface

Old Interface Vendor Name _____

New Interface Vendor Name _____

INTERFACE CONNECT NAME _____ (If already an established interface. Contact Interface Agency Provider for this information. For example, connect name for Sangamon CO SO is SANGCO. If not already established, leave blank)

Connectivity Method:

- ☐ IL Century Network
☐ Wireless
☐ Other (i.e., Virtual Private Network [VPN]) _____

1. _____
Agency Name

Address

City/State/Zip Code

ISP Troop (visit Internet site <https://isp.illinois.gov/Patrol/TroopMap>)

2. Station(s) to be assigned

☐ CAD

☐ MDC

☐ Handheld/Smart Phone

(1 Station per device method [for multiple devices] will be assigned. For example 1 CAD Station assigned for 5 workstations; vendor must configure individual device IDs through the interface system.)

Number of devices accessing per Station

☐ CAD

☐ MDC

☐ Handheld/Smart Phone **NOTE: Indicate make/brand of device)** _____

3. IP Connection (must be within the agencies approved ISP subnet):

Test (required if the owning agency creating a new connection)

Production

4. _____
Non-emergency telephone number where LEADS terminal(s) will be located

5. _____
Fax number

6. Primary NCIC ORI _____ Primary Station(s) assigned, *if any* _____

7. _____
Agency Head Name / Title

8. _____
LEADS Agency Coordinator (A LEADS Agency Coordinator must be appointed. This person is responsible for all aspects of LEADS operations; internally and externally.)

9. _____
Mobile Data Agency Coordinator (*If Station assignment is for MDC LEADS access*)

10. _____
Will the LEADS terminal be operational/attended 24 hours per day; 7 days per week? (NOTE: If your agency will be entering LEADS Computerized Hot File records, a 24/7 operation is mandatory.)

11. _____
Interface agency provider (*Name of agency that owns the interface/has contract with interface vendor/where interface servers are located*)

12. _____
Interface Software vendor(s) name, address, telephone (name of vendor[s] developing software interface to LEADS)
13. Does the Interface Vendor provide a LEADS interface for an existing Illinois Criminal Justice agency?
[] Yes

If yes, identify the other Illinois agency(ies) that have an established interface with this vendor(s).
[] No
14. _____
Interface Hardware vendor(s)
15. _____
Wireless Carrier, if applicable (for MDC)
16. _____
NOTE: If the LEADS interface will be using handheld devices, identify total number and brand/make of handheld devices being used

NOTE: Please submit the below with this form.

1. LEADS Interface Checklist

2. Confirmation the Interface Vendor(s) meets all FBI CJIS Security Requirements located at <https://isp.illinois.gov/LawEnforcement/Forms>.

3. Confirmation that a signed contract with the interface vendor has been completed.

4. Inter-Agency Agreement located at <https://isp.illinois.gov/LawEnforcement/Forms> with this form.

5. The NCIC Security Addendum last page that is signed by vendor representatives and is located at <https://isp.illinois.gov/LawEnforcement/Forms>.

6. Confirmation that the vendor representatives/technicians have had a state of residence and federal fingerprint based background check completed and no felony convictions or crimes of moral turpitude.

7. Separate Station must be assigned for each method of interface access (CAD, MDC, Handheld, Smart Phone) and each agency that will be accessing LEADS via the interface must be assigned their own agency Station and ORI.

HANDHELD DEVICES: *Must also submit the following documentation with the Interface Station Assignment form:*

Written confirmation that the vendors are compliant with the FBI/CJIS Security policy with specific attention to wireless access, handheld device requirements **(technical and management controls)**, etc., and to Section 7.0 *TECHNICAL SECURITY*, and to the Addendum C17 Best Practices - Guidance for Handheld Device Security Policies. FBI CJIS Security Requirements can be found at <https://isp.illinois.gov/LawEnforcement/LEADSSecurity>.

Failure to provide all of the above information will delay processing the Station assignment request.