



KENTUCKY STATE POLICE

Matthew G. Bevin
Governor

919 Versailles Road
Frankfort, Kentucky 40601
www.kentuckystatepolice.org

Richard W. Sanders
Commissioner

SECURITY AWARENESS TRAINING REQUEST

DATE _____

AGENCY NAME _____ ORI: _____

TELEPHONE: _____ FAX: _____

AGENCY CONTACT : _____

(Point of contact for adding and removing names from agency)

EMAIL ADDR: _____ @ _____

5.2 Policy Area 2: Security Awareness Training

Basic security awareness training shall be required within six months of initial assignment, and biennially thereafter, for all personnel who have access to Criminal Justice Information (CJI). (reference CJIS Security Policy)

NOTE: Blue Applicant Fingerprint Card Required CONVICTED FELON WILL NOT BE GRANTED ACCESS

NAME (shall include middle initial) Example: Smith, John M	DATE OF BIRTH mm/dd/yyyy	LAST FOUR SOCIAL	EMAIL ADDRESS (REQUIRED IF NO EMAIL THEN YOU WILL NEED ONE PRIOR TO REQUEST)	Prints

SIGNATURE OF AGENCY HEAD or DESIGNEE FOR AGENCY

Return Form To: KENTUCKY STATE POLICE
ATTN: ERIN OLIVER/ CJIS STAFF
1266 LOUISVILLE ROAD
FRANKFORT, KENTUCKY 40601

Questions Email Address: erin.oliver@ky.gov