

**FDLE USE ONLY**

Security Group(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

User Code Assigned:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Temporary Password:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Processed By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

**AUTOMATED TRAINING MANAGEMENT SYSTEM (ATMS)**

**USER ACCOUNT APPLICATION FORM**

**Please type or legibly print the information required below.**

**√ Please check one:**

[ ]  **New** Request to Add Access to ATMS [ ]  **Remove** Access to ATMS

[ ]  **Change** Name Old Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_New name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**√ Please check the appropriate access rights:**

A**ccess Rights**: [ ]  Add/Modify – Allows user to add or update agency/training center records

 [ ]  View only – Allows user to view agency/training center records

**Please complete the application, if not complete, the application will not be processed.**

Name: **Print** **Full Name** of applicant including **first**, **middle**, and **last** names.

Current ATMS Username (if applicable):

Agency/Training Center/Facility Name:

ORI/Training Center Number (ex. FL0000000):

Phone #: ( ) FAX #: ( )

Email Address:

Contact Person (Person to contact when you are unavailable):

Phone #: ( ) FAX #: ( )

The applicant’s signature below signifies agreement to utilize the Automated Training Management System (ATMS) and any information it contains for legitimate criminal justice purposes and not for personal use. The applicant agrees to keep the account password confidential and to abide by the terms and limits set forth in the ATMS User Agreement. The applicant understands that all activity in ATMS is subject to monitoring and any misuse of ATMS or the data in ATMS may result in termination of access and sanctions up to and including criminal prosecution.

Signature of Applicant and Date

# Printed name and title of Agency Administrator or Designee

# Signature of Agency Administrator or Designee and Date

E-mail to: CJPStandardsRecords@fdle.state.fl.us **OR** FAX to: Officer Records Section - (850) 410-8605

Revised 06/28/2024 rtb