



APPALACHIA HIDTA DECONFLICTION REGISTRATION FORM

Press the "SAVE" button below and email completed forms to samsk@ahidta.org

All fields are required for the form to be processed

Requesting Access To:

(Check all that apply)

- Secure Access (SSL), Case Explorer (CE), Performance Management Process (PMP), GangNet (GIS), Network Files Access, Phone Analysis (TAP)

Date of Request Date of CE Training Class*

Requestor's Full Name (First, MI, Last) and DOB

Agency

Agency Type: Federal, State, Local, Military, Other:

Assigned to HIDTA Initiative: Yes, No

Dept/Initiative/Task Force

Agency/Dept/Init/TF Address

Email Address

Phone Number ext.

Alternate Number (optional)

Supervisor's Name

Email Address

Phone Number ext.

Please direct questions to Kari Sams, Intelligence Analyst 606.877.2138

FOR OFFICE USE ONLY

SSL Username, Type of Training, Date Trained, Coordinator