

## Instructions for Completion of RI- 092, MiCJIN Service Application

Mail or fax completed form to: Michigan State Police  
Attn: MiCJIN Service Center  
714 South Harrison Road  
East Lansing, Michigan 48823

E-mail completed form to: [MiCJINmail@michigan.gov](mailto:MiCJINmail@michigan.gov)

For further information, visit the Criminal Justice Information Center website at <http://michigan.gov/cjic>, or call the MiCJIN Agency Access Coordinator at (517) 336-6574

### APPLICATION TYPE:

Please check the New Application box if this is a new application. If you are revising your application or requesting new services, please check the Revised Application box, complete Section I and only provide the revised information, as applicable.

### SECTION I AGENCY INFORMATION

Please complete all information as requested.

### SECTION II AGENCY CONTACT INFORMATION

Please complete the contact information as requested. One person may be the contact person for multiple roles. However, there must be separate primary and secondary contacts identified as the administrators for MiCJIN access. For each of the following contacts, please provide the full name, title, email and telephone and fax numbers.

Agency Contact: The person that State Police will contact regarding questions about your service application, diagrams, or agreements.

Network Administrator: The person who is responsible for establishing, maintaining, and securing your computer network.

Local Agency Security Officer: The person who acts as a network/security coordinator. The individual is responsible for security responsibilities, coordinating start-up and upgrades to the network and applications, reporting security violations, and preparing and submitting an agency security plan to MSP for approval.

Agency Access Administrator: The person responsible for entering and maintaining the names and passwords of all users within your agency authorized to use the various MSP software systems. This person must have the appropriate authority to grant and deny access to users within your organization and is responsible for distributing training manuals and other publications.

Backup Agency Access Administrator: The person who has the same authority as the Agency Access Administrator, responsible for performing the duties of the Agency Access Administrator in his or her absence. You may designate more than one Backup Administrator. However, your Backup Administrator shall not be the same person as your primary Access Administrator.

After hours Contact: The person available after hours to provide access to the building for connectivity, application, or troubleshooting. After hours is generally considered to be from 5 p.m. to 7 p.m.

### SECTION III SOFTWARE SYSTEM INFORMATION

Please provide the information requested to indicate which MSP systems you would like to access. For information concerning each system, please go to <http://www.michigan.gov/cjic>. You will need to provide a coordinator for each system. However, one coordinator may be the contact for several systems. Please provide the name of the person who will coordinate the use of the system and training for your agency, his or her contact information, and the approximate number of individuals accessing each system.

The following systems are available or will become available at a future date:

- ◆ LCMS: Lab Case Management System

**The applications listed below are for the use of law enforcement agencies only:**

- ◆ SOR: Sex Offender Registry
- ◆ MICR: Michigan Incident Crime Reporting.
- ◆ MiDIRS: Michigan Digital Image Retrieval System.
- ◆ APRS: Automated Pistol Registration System.
- ◆ SNAP: Statewide Network of Agency Photos. Currently, there are limited licenses available for SNAP. The SNAP program manager will notify you if the MSP is unable to provide the number of licenses you request. If you are requesting access to the SNAP system, please provide the following:
  - Please provide the name of your current mugshot vendor, if applicable.
  - Indicate yes or no if your current mugshot system is currently interfaced to the Live Scan device that your agency uses to send fingerprints to the MSP.
  - Indicate yes or no if your mugshot images are being electronically submitted to the MSP.
  - Provide the name of the agency electronically submitting your mugshot images, if other than your agency.
  - Indicate the approximate number of existing digital images in your local database.
  - Provide the requested number of users for SNAP Express. SNAP Express will allow searches of the digital database, but will not perform lineups or facial recognition. SNAP Express licenses are limited, however, this is the preferred option for those users only needing to view mugshots.
  - Provide the requested number of users for SNAP Plus. SNAP Plus licenses are extremely limited and will be issued at the discretion of the SNAP program manager. SNAP Plus will allow searches of the digital database as well as perform digital lineups and facial recognition.

**Note: It is recommended that the Local Agency Network Administrator complete Sections IV through IX.**

### SECTION IV CURRENT LGNET/POP CONNECTIONS

An LGNET/Point of Presence (POP) connection is a local government network line connected to the State of Michigan network. It is a secure line that meets federal standards for security and has several connection points in Michigan. You may choose to establish your own LGNET/POP connection or share a connection with other agencies in your area. If you are planning to use dial-up access to MSP systems, please complete the information in Section VIII. Hosting a POP requires a fee and takes about 6-8 weeks to install. LAST MILE connection takes 4-6 weeks. The LAST MILE is the actual physical connection from the POP to your location.

Please identify the name of the existing POP owner/location and circuit ID. If you are making changes, indicate if this is an addition, a move, an upgrade, or a disconnection.

## **SECTION V PERMISSION TO SHARE A POP**

Indicate the name, location, and circuit ID of the POP you have permission to use. Complete the remainder of the information in Section V if this is a new POP.

Site Name: This is the name of the site, such as Municipal Building, Courthouse, Police Station, 911 Center, Sheriff or Township PD.

Specific Demarc Location: This is the physical location for the connection such as, 3<sup>rd</sup> floor telephone room.

## **SECTION VI INFORMATION TO HOST A POP**

If you are not connected via LGNET/POP, do not have permission from a POP owner and are not connecting via the Internet, check the Yes box if you want information about hosting your own POP.

## **SECTION VII REQUEST TO ADD DEVICE**

Please provide the device IP address, subnet mask, and default gateway for **each** device you wish to add. Attach a list for additional devices. A device is an actual physical computer unit such as a server, router, or switch.

## **SECTION VIII INTERNET CONNECTIVITY**

You may access State Police applications via the Internet. An independent Internet Service Provider (ISP) provides the connection. Many ISPs offer discounts for law enforcement agencies. There are added security measures if you choose to use this method to connect. We recommend protecting your PCs with an MSP approved dedicated or personal firewall, and you must utilize a two-factor token to log in. The token requires an additional monthly fee and each user will require a token. Please fill out the separate application for SecurID tokens available on the web.

Box 1: Please provide the business name of the Internet Service Provider you are currently using or plan to use.

Box 2: Please indicate the number of SecurID token users (each user must have their own token). Please fill out a separate application for each SecurID requested.

Box 3: Please provide the name and version of the firewall installed. You must have an approved firewall installed if you wish to connect via an Internet/dial-in connection. For more information on firewalls and approved firewalls, please visit <http://www.michigan.gov/cjic>.

Box 4: Please indicate your access speed. Access speeds can include traditional 56K dial-up speed (note: some software applications will run very slow with this access speed), 64K, or 128K ISDN, various DSL speeds or cable modem speeds. High-speed access generally refers to DSL or cable modem access.

## **SECTION IX KIOSK ONLY**

If you plan to access the LCMS ONLY via the kiosk at each laboratory, check here. No other applications can be accessed via the Kiosks.

## **SECTION IX NETWORK SECURITY**

Please provide a network diagram that shows how you plan to connect to MSP systems and any access/security controls in place. Check the box to indicate that you have attached your network diagrams. Please indicate the firewall make and model on the diagram. Sample diagrams are available at: <http://www.michigan.gov/cjic>.

The following forms and agreements must be completed and returned to the MSP in order to access the MSP software systems

- MICJIN Service Application**
- User Agreement**
- Network Diagram**
- SecurID application, if required**

## MiCJIN Service Application

Please read the instructions prior to completing form  
APPLICATION MUST BE TYPED

Return to: Michigan State Police  
Attn: MiCJIN Agency Access Coordinator  
714 South Harrison Road  
East Lansing, MI 48823  
Telephone: (517) 336-6574

- New Application  
 Revised Application

I. AGENCY INFORMATION				
AGENCY NAME	ORI (If applicable)	TELEPHONE NUMBER (    )		FAX NUMBER (    )
STREET ADDRESS	CITY	STATE	ZIP CODE	HOURS OF OPERATION <input type="checkbox"/> 24 Hours or <input type="checkbox"/> From ____ to ____
II. AGENCY CONTACT INFORMATION <small>(further definitions for persons listed below can be found by visiting the <a href="http://Michigan.gov/cjic">Michigan.gov/cjic</a> website.</small>				
RESPONSIBILITY	NAME (First, Middle Initial, Last) & TITLE	EMAIL	TELEPHONE AND FAX	
Agency Contact			TELEPHONE (    ) FAX (    )	
Network Admin <small>(Please have the Network Administrator complete page 3 of this application)</small>			TELEPHONE (    ) FAX (    )	
Local Agency Security Officer (LASO)			TELEPHONE (    ) FAX (    )	
Agency Access Admin (MiCJIN Access)			TELEPHONE (    ) FAX (    )	
Backup Agency Access Admin (MiCJIN Access)			TELEPHONE (    ) FAX (    )	
After hours contact for connectivity, application or troubleshooting questions only			TELEPHONE (    ) FAX (    )	

**If you have special instructions or additional information, please attach them to this form.**

AUTHORITY: 1997 PA 99 & 101 & MCLA 28.6  
COMPLIANCE: VOLUNTARY, however, failure to complete application will result in denial of request.

Agency Name \_\_\_\_\_

III. CHECK THE BOX FOR THE SYSTEM(S) TO WHICH YOUR AGENCY IS REQUESTING ACCESS TO AND COMPLETE THE CORRESPONDING BOXES.					
<input type="checkbox"/> <b>LCMS</b>	List name & title of agency LCMS coordinator (contact for training)	EMAIL	TELEPHONE NUMBER (    )	FAX NUMBER (    )	Estimated Number of users
<input type="checkbox"/> <b>SOR</b>	List name & title of agency SOR coordinator (contact for training)	EMAIL	TELEPHONE NUMBER (    )	FAX NUMBER (    )	Estimated Number of users
<input type="checkbox"/> <b>MICR</b>	List name & title of agency MICR coordinator (contact for training)	EMAIL	TELEPHONE NUMBER (    )	FAX NUMBER (    )	Estimated Number of users
<input type="checkbox"/> <b>MiDIRS</b>	List name & title of agency MiDIRS coordinator (contact for training)	EMAIL	TELEPHONE NUMBER (    )	FAX NUMBER (    )	Estimated Number of users
<input type="checkbox"/> <b>APRS</b>	List name & title of agency APRS coordinator (contact for training)	EMAIL	TELEPHONE NUMBER (    )	FAX NUMBER (    )	Estimated Number of users
<input type="checkbox"/> <b>SNAP</b>	List name & title of agency SNAP coordinator (contact for training)	EMAIL	TELEPHONE NUMBER (    )	FAX NUMBER (    )	Mugshot Vendor
	Is your mugshot system currently interfaced with your Live Scan device? <input type="checkbox"/> YES <input type="checkbox"/> NO	Agency submitting your mugshot images if different than your own		Requested number of users for Express (search tool) <i>Refer to page 2 of the instructions regarding license restrictions.</i>	
	Are mugshot images being submitted to MSP for your agency? <input type="checkbox"/> Yes <input type="checkbox"/> NO	Approximate number of existing digital images in your local database archives		Requested number of users for Plus (lineups & facial recognition) <i>Refer to page 2 of the instructions regarding license restrictions.</i>	

**It is recommended the Local Agency Network Administrator complete this page.**

**Agency Name** \_\_\_\_\_

**IV. IF YOU ARE CURRENTLY CONNECTED TO THE STATE VIA LGNET POINT OF PRESENCE (POP), COMPLETE THIS SECTION.**

Name of existing POP owner/location and circuit ID \_\_\_\_\_

**Change Requests Only**

Add to Existing POP  Move  Upgrade  Disconnect      Circuit ID \_\_\_\_\_

**V. IF YOU HAVE PERMISSION FROM A POP OWNER TO USE THEIR POP, COMPLETE THIS SECTION.**

Indicate name, location and circuit ID of POP you have permission to use \_\_\_\_\_

Ethernet IP address for POP router (**new requests only**) \_\_\_\_\_

Have you ordered the LAST MILE or connection from the host POP to your agency?  Yes  No

Site DEMARC contact and access information (For NEW POP Hosts Only)

County _____	Street Address _____	City _____
Site Name _____	Specific DEMARC location _____	

Name, e-mail address, telephone, and fax numbers of building access contact \_\_\_\_\_

**VI. COMPLETE THIS SECTION IF YOU ARE NOT CONNECTED VIA LGNET/POP, DO NOT HAVE PERMISSION FROM A POP OWNER, AND ARE NOT CONNECTING VIA THE INTERNET.**

Do you want information about hosting your own POP?  Yes  No

**VII. REQUEST TO ADD DEVICE**

Add Device

Device IP Address \_\_\_\_\_ Subnet Mask \_\_\_\_\_ Default Gateway \_\_\_\_\_  
Secondary IP Address \_\_\_\_\_ Subnet Mask \_\_\_\_\_ Default Gateway \_\_\_\_\_

**Please attach a list for any additional devices you wish to add. Include the IP address, subnet mask, and default gateway for each device.**

**VIII. COMPLETE QUESTIONS 1-5 IF YOU WISH TO CONNECT VIA THE INTERNET. ADDITIONALLY, FILL OUT THE SECURID TOKEN APPLICATION FOR EVERY USER ACCESSING THE SYSTEM.**

1. Internet provider _____	2. Number of SecurID token users _____
3. Name and version of firewall installed _____	4. Indicate your access type <input type="checkbox"/> 56K <input type="checkbox"/> ISDN BRI or PRI <input type="checkbox"/> DSL <input type="checkbox"/> Other Please list _____

**IX. KIOSK ACCESS ONLY (LCMS ONLY)**

**X. NETWORK SECURITY**

A copy of your network diagram is required to be attached to this application. Each agency must submit a pictorial representation of their network highlighting connectivity to external (non-agency) networks and any access controls that are in place to protect those connections. Please list the firewall make and model on the diagram. Sample diagrams available on MiCJIN website.

**Check box to confirm attachment**