SAFETNet
(User Agreement Form)

NAME: _____
LAST FIRST

EMPLOYING AGENCY: _____ Agency ORI: _____

AGENCY DIVISION or HIDTA GROUP(TASK FORCE): _____

OFFICE ADDRESS: _____
STREET CITY STATE ZIP

WORK PHONE: _____CELL PHONE: _____

CELL PHONE PROVIDER:_____SSN: ### - ## - _____
(AT&T, Verizon, Sprint, etc.) **(Last 4 digits only)**

DEP'T. EMAIL ADDRESS:_____

I understand that the utilization of this application is for my safety and security, as well as the safety and security of other users. I agree to protect the security and integrity of the system. Any illegal use of this system will be grounds for immediate termination of privileges.

AGENT'S SIGNATURE: _____ DATE: ____/____/____

PRINT SUPERVISOR'S NAME: _____

SUPERVISOR'S SIGNATURE: _____ DATE: ____/____/____

RETURN TO: Gulf Coast HIDTA
3838 N. Causeway Blvd., Suite 1900
Metairie, Louisiana 70002
(504) 840-1400 - Main
(504) 840-1406 - Fax

CONTACTS:

Ronnie Hoefeld	(504) 840-1403	hoefeldr@gchidta.org
Royce Pardue	(504) 840-1469	parduer@gchidta.org

FOR GC-HIDTA USE ONLY

LOGIN NAME: _____ PASSWORD: _____

AGENCY: _____

ACCESS LEVEL: User ☐ Agency User ☐ Watch Center ☐ Agency Admin ☐

Revised: 2017