

## SAFETNet (User Agreement Form)

NAME:	LAST FIRST
	ENCY: Agency ORI:
AGENCY DIVISIO	ON or HIDTA GROUP(TASK FORCE):
OFFICE ADDRES	S: STREET CITY STATE ZIP
	CELL PHONE:
	OVIDER:SSN: ### - ## - (Last 4 digits only)
	DRESS:
WILL YOU BE MA	AKING ENTRIES ON BEHALF OF OTHER USERS? Yes No
the safety and secu	the utilization of this application is for my safety and security, as well as rity of other users. I agree to protect the security and integrity of the system. Any ystem will be grounds for immediate termination of privileges.
AGENT'S SIGNA	ΓURE: DATE:/
	OR'S NAME:
SUPERVISOR'S S	IGNATURE: DATE:/
RETURN TO:	
CONTACTS:	(504) 962-6948 - Fax         Scott Richardson       (571) 362-4847       RicharS@gchidta.org         Royce Pardue       (504) 962-6937       PardueR@gchidta.org
FOR GC-HIDTA	USE ONLY
LOGIN NAME:	PASSWORD:
AGENCY:	
ACCESS LEVEL:	User Agency User Watch Center Agency Admin