

NORTHAMPTON COUNTY E-911
Law Enforcement
Personnel Information

Fax the completed & signed document to: (610) 746-3199

Date:

Department:

Personnel Action:

Start Date:

Effective Date:

Badge #:

*If update/remove.

Last Name:

First Name:

Middle Initial:

Home Phone Number:

Cell Phone Number:

Social Security No. :

DOB:

Please provide this officer full access to C.L.E.A.N. / NCIC.

Please suspend this officer's access to C.L.E.A.N. / NCIC.

Please provide this officer MDT access.

Firewall Password:

*Firewall password MUST be a minimum of eight (8) characters and include at minimum of one (1) alpha character. If this password is blank, the officer will not be added.

This officer has been instructed in the use of CLEAN/NCIC access via the MDT.

Trainer Signature

***This form MUST be signed by the Chief or his/her pre-approved designee.**

Completed By:

Signature

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