



INFORMATION Privacy Act - The transacting of business by electronic mean is governed in part by the Federal Privacy Act (5 U.S.C. 552) and the Illinois Electronic Security Act (5 ILCS 175/5). Any person or organization, public or private, submitting an application to the Illinois Law Enforcement Training and Standards Board, shall include in such application, or as an attachment thereto, all information deemed necessary by the agency. Neither the Illinois Law Enforcement Training and Standards Board or any successor agency, office, officer, or agency, nor any entity succeeding to possession of information submitted by an applicant except to the same extent and under the same conditions that a federal agency is permitted to disclose information under the provisions of the Federal Privacy Act.

INSTRUCTIONS

- Complete all applicable sections of this application to (1) request access privileges for a new account (s), or (2) modify access privileges to an existing account. Detailed instructions available at: <http://www.ptb.illinois.gov/resources/ledi-information/>.
- Scan and e-mail the completed and **signed (BOTH LINES)** application to ptb.edi@illinois.gov, with the subject "LEDI Application".
- After your application has been reviewed, the Board will notify the agency applicant via email. This email will contain both the applicant's user logon ID and a default password. First login requires a new password to be set.

| 1. USER INFORMATION | | | |
|---|--|-------------------------|-----------|
| APPLICANT NAME (LAST, FIRST, MI) | | | |
| AGENCY NAME | | JOB TITLE | |
| AGENCY MAILING ADDRESS (STREET/PO BOX) | | CITY | STATE ZIP |
| UNIQUE BUSINESS E_MAIL ADDRESS (Required) | | BUSINESS CONTACT NUMBER | |
| 2. ACCESS OPTIONS REQUESTED | | | |
| Select Account Type | | | |
| AGENCY (SELECT PERMISSIONS BELOW): | | | |
| <input type="checkbox"/> Process FORM Es (Edit Agency Roster) <input type="checkbox"/> Enter Firearms Qualifications <input type="checkbox"/> View Officer Training History | | | |
| MOBILE TRAINING UNITS ONLY | | | |
| <input type="checkbox"/> View Multiple Agencies | | | |
| 3. ACCOUNT INFORMATION | | | |
| <input type="checkbox"/> I have had an LEDI account in the past. If so, at what agency(s): _____ | | | |
| <input type="checkbox"/> I require LEDI access to more than one agency. List agency(s): _____ | | | |
| 4. APPLICANT ATTESTATION | | | |
| I agree to the following conditions when accessing the Board's LEDI system: | | | |
| <ul style="list-style-type: none">I understand that the LEDI system, and the information contained therein, is for official use only, and that I am entering a secured site that contains personal, confidential information which is protected by federal and state laws.I understand that all system activity may be monitored and any transactions logged. By using this system, I expressly consent to any and all such monitoring and/or recording of my activity. I also understand that if monitoring reveals possible evidence of criminal activity, legal action will be taken.I understand that any false or unauthorized use or disclosure of a signature device or misrepresentation of identity in furtherance of a scheme or artifice to defraud shall be guilty of a Class 2 felony.I understand that my access privileges will be monitored or revoked if my employment status or duties change. | | | |
| APPLICANT SIGNATURE ▶ | | DATE | |
| 5. EXECUTIVE APPROVAL (AGENCY HEAD) | | | |
| My signature confirms the following: | | | |
| <ul style="list-style-type: none">I agree that above named applicant has permission to access the Board's LEDI system on behalf of this agency, according to the privileges indicated above.I agree to notify the Board whenever the above individual's access rights are to be modified or deactivated. | | | |
| PRINT AUTHORIZED NAME | | JOB TITLE | |
| AUTHORIZED SIGNATURE ▶ | | DATE | |

BOTH SIGNATURE LINES (sections 4 and 5) MUST BE SIGNED

| | |
|--------------------------|-------------------------|
| 6. FOR ILETSB STAFF ONLY | Pre-Processed By: _____ |
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