



LEDI (02/2024)

Illinois Law Enforcement Training and Standards Board

500 S. 9<sup>th</sup> Street - Springfield, Illinois 62701-1924 - Telephone: (217) 782-4540[www.ptb.illinois.gov](http://www.ptb.illinois.gov)Send to: [PTB.EDI@illinois.gov](mailto:PTB.EDI@illinois.gov)

# LEDI APPLICATION

(must be sent electronically)

**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.

## 1. APPLICANT INFORMATION

Name and Title:

Agency Name:

Email Address:

Phone Number:

## 2. ACCESS OPTIONS (with descriptions)

☐ New User

(create new account)

☐ Transfer Agencies

(transfer account)

☐ Add Additional Agency

(access multiple agencies)

☐ Add Form E

(update agency personnel records)

☐ Firearms Qualification

(update officer firearm qualification)

☐ Training History

(view officer training history)

☐ Professional Conduct

(send and request Professional Conduct Database reports)

☐ Roster Signature

(legally sign agency roster)

## 3. APPLICATION ATTESTATION

I agree to the following conditions when accessing the Board's LEDI system:

- 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.

Signature:

Date:

## 4. EXECUTIVE APPROVAL (AGENCY HEAD)

My signature confirms the following:

- 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.

Agency Head Name &amp; Title:

Signature:

Date:

**BOTH SIGNATURE LINES (sections 3 and 4) MUST BE SIGNED**