

# Jasper County Emergency Services/9-1-1

This form must be filled out and signed by the officer and Chief/Commanding Officer. Officers will not be added until this form is filled out in its entirety and is either faxed, mailed or delivered to JASCO.

Change Requested: Add Del Chg Date:

Agency: Badge #:

Mules User ID: Radio UID (if applicable):



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## Officer Information

Lastname: First: MI:

Street Address:

City: State: Zip:

Phone: Home: Cell: Work:

Email: Department Rank:

Date of Birth: Last 4 of SSN: Date Hired:

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## Emergency Contact Information

Name: Relationship:

Street Address:

Phone Home: Cell: Work:

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## Medical Information

Preferred Hospital: Blood Type: Height: Weight:

Medical Notes:

Contact Lenses: Yes No

Primary Physician:

Physician Address:

Physician Phone:

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**Additional Skills (CPR, Bilingual, Chaplain, DRE, SWAT, etc)**

## Officer Authorizations/MDC

Has a Criminal History been ran on the employed officer and provided to JASCO? Yes No

**If you answered no to the above question, your signatures on this form will authorize the JASCO TAC to complete a criminal history on the officer to be maintained in a secure confidential file for the department as mandated by Missouri State Highway Patrol.**

Has a fingerprint card been provided to JASCO for the employed officer? Yes No

Will this officer access the Mobile Data Computer System? Yes No

Will this officer have access to the MULES/NCIC network? Yes No

**If you answered yes to the above question, you will need to fill out and sign the MULES Identification and Authorization SHP 292 Form. The form requires that officer and the Chief of Police or Commanding Officer sign it. By signing below I certify that I will abide by the rules and regulation of MULES and its attached systems and that I have completed required CJIS security training.**

Will this officer be authorized to request criminal history information? Yes No

If you answered yes to the above question, this will include signing for cleared warrants.

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Badge Number

\_\_\_\_\_  
Signature of Chief of Police/Mayor/Commanding Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Badge Number

The information will be entered into the CAD system usually with two (2) working days after receiving the form (excluding holidays.) The MULES network access could take up to two (2) weeks to complete.

**To Be Completed by Admin - \*\*\*JASCO Employees please submit form to the TAC or Operations Manager**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Officer Add/Change/Delete from the Following JASCO systems:

CAD: \_\_\_\_\_  
MSG SWITCH: \_\_\_\_\_  
RADIO: \_\_\_\_\_  
PHONE: \_\_\_\_\_