ACKNOWLEDGMENT AND CERTIFICATION

As the representative of the member agency, I hereby acknowledge the duties and responsibilities as set out in this Agreement. I acknowledge that these duties and responsibilities have been developed and approved by the Tennessee Bureau of Investigation to ensure the reliability, confidentiality, completeness, and accuracy of all information contained in, or obtained by means of, this system. I further acknowledge that failure to comply with these duties and responsibilities may subject my agency to various sanctions as approved by the Director of the TBI, which may include termination of services.

I hereby certify that I am familiar with all documents that are made part of this Agreement and to all applicable laws and regulations relevant to the receipt and dissemination of information provided through this system.

This Agreement is a formal expression of the purpose and intent of both parties and is effective when signed. It may be amended by the deletion or modification of any provisions contained therein, or by the addition of new provisions, after written concurrence of both parties.

_____ _____

Agency Representative Signature Date

<u>Please legibly print the following</u>:

Name of Agency Representative: _____

Agency Representative BD/BI #: _____
(Applies only to Probation & Prisons)

E-mail address of Representative: _____

Title of Representative: _____

Name of Agency: _____

Agency Address: _____

_____

Agency NCIC ORI: _____

Agency Phone: _____

Agency Fax: _____

Representative Phone: _____