



State of Arizona
Peace Officer Standards and Training Board
Arizona Agency Self Service Center Application For Access



Completed forms can be mailed or e-mailed as follows:

| | | |
|--|--|-------------------|
| US Mail / Carrier: | | E-Mail: |
| AZPOST Attn: IT Unit 2643 E. University Dr. Phoenix, AZ 85034 | | ithelp@azpost.gov |

Are you the agency Training Coordinator? YES NO

For which area(s) is access being requested?

| PERSONNEL TOOLS | <input type="checkbox"/> TRAINING TRACKER | <input type="checkbox"/> E-FORMS | <input type="checkbox"/> C.L.E.A.R.S | <input type="checkbox"/> LE TRAINING SYSTEM | <input type="checkbox"/> ACADEMY PORTAL ACCESS |
|--|--|--|---|--|--|
| Appointment Reports Instructor Reports Agency Defined Groups Agency Defined Codes | Course Manager Class Manager Rosters Individual Records Instructor Reports Training Reports | Electronic: A1 Form TM Form SC Form E-Forms History Academy Seats | Generate a submission Pick up a report | Register for training classes View Class Lottery results Academy Seats | Manage Academy Classes (ONLY CHECK THIS BOX IF YOU WORK AT AN ACADEMY) |

If you are using the "Training Tracker" system will you be adding your civilian staff?

YES NO

For which agency -or- academy is access being requested? _____

Only persons who are under the employ of the agency are eligible to access the system. Who is the person that access is being requested for?

Last Name: _____ First Name: _____

E-Mail Address: _____ Phone Number: _____

Rank / Title: _____ Agency ID / Badge Number: _____

Signature of person who will be using the system:

Notice: Your signature above is your consent to conduct business with AZPOST using an electronic signature process in the ASSC system. Electronic signatures in the ASSC system have the same force and effect as your physical signature.

Important notice regarding your agency's participation in the ASSC System:

Terms and conditions of use:

1. Agencies participate in the ASSC System at their own risk. Agencies are highly encouraged to maintain separate backups of data in other formats.
2. AZPOST is not responsible for the actions of persons granted access to the system by an agency.
3. AZPOST may at any time conduct investigations into the use of the system to ensure the integrity of the system, this may include real time monitoring of user activity.
4. AZPOST may at any time revoke a user's or agency's access to the system.
5. AZPOST performs daily backups of data for total system recovery only. Loss of information caused by the actions of users, such as the deletion of individual records or forms cannot be recovered.
6. In the event of a catastrophic data loss, AZPOST will recover data to a point which may result in a loss of information that was added / updated / removed to / from the system during the time period from the completion of the backup to the time of loss.
7. AZPOST is obligated under the law to provide redacted information contained in the system to requesting members of the public without notice to your agency.
8. If an agency chooses to no longer participate in the ASSC System, AZPOST will provide to that agency their data in a DOS standard delimited text file.
9. Agencies must be aware that state law may be applicable to the retention of information put into the ASSC System, and AZPOST will comply with applicable laws regardless of your agency's policies regarding record retention.
10. The agency shall notify AZPOST within 72 hours if the person listed on this form is no longer under the employ of the agency, or otherwise needs to have access to the system removed.
11. The signature of the Agency Head is required for this form to be valid.

Printed name of Agency Head -or- Academy Commander: _____

Title of Agency Head -or- Academy Commander: _____

Signature of Agency Head -or- Academy Commander: _____

My signature above is my indication that I have read, and understand the Terms and Conditions of Use.

Date: _____