

**CODIS HIT OUTCOME PROJECT (CHOP) &****Sexual Assault Forensic Evidence Tracking (SAFE-T) - USER REQUEST FORM**

(Per California Penal Code 680.3, law enforcement agencies investigating a case involving the collection of sexual assault kit evidence shall enter information regarding the kit into DOJ's SAFE-T database. Required for kits collected on or after January 1, 2018.)

PART 1 – Applicant InformationDate of Request: _____ Type of Request ☐ Activation ☐ Deactivation (Reason) _____

First Name and Last Name: _____ Title: _____

Agency Name: _____ Agency ORI: CA Agency Role: ☐ State CODIS Lab ☐ Local CODIS Lab ☐ Law Enforcement Agency ☐ District Attorney

Agency Address: _____ County _____

Agency City, State, and Zip: _____

Agency Telephone Number (including area code & extension): _____

User's Agency E-Mail Address: _____

CHOP Notification Email Contact*: ☐ Primary Contact ☐ Secondary Contact ☐ Additional User

* Only the Primary and Secondary Contacts receive emails from CHOP. Only one Primary and one Secondary Contact is allowed per agency.

E-mail address to receive CHOP Emails/Alerts (if different from above): _____

LEA Use Only: ☐ LEA Admin (One LEA Admin per agency. Authorized to enable LEA CHOP records for Statewide Data Sharing)

To ensure that your application is processed in a timely manner, please complete all of the fields above.

PART 2 – Applicant Signature

Your signature below constitutes your request for the Regional Information Sharing System (RISS), Automated Trusted Information Exchange (ATIX) access and your agreement to abide by the guidelines set forth in the Western States Information Network (WSIN) Security Policy, RISS ATIX policies and all other applicable federal, state and local laws.

Applicant Signature_____
Date**PART 3 – LDIS Authorization**

Local CODIS Laboratory Administrator Authorization – Your signature below certifies that the individual listed above is a member of your agency, or a local law enforcement agency or district attorney's office working with your laboratory.

Local CODIS Laboratory Administrator (Print Name)_____
(Signature)_____
Date**PART 4 – Return Form**

Local CODIS Laboratory: Please return the completed and signed form to the BFS, CAL-DNA Data Bank Outreach Program at CHOP@doj.ca.gov or fax number (510) 231-8744.

Once the application is approved, the user will receive a User ID and Password, via e-mail, from WSIN. Outreach will also be notified and will activate the user's CHOP access. For questions regarding CHOP access, functionality or training, contact the Bureau of Forensic Services, CAL-DNA Data Bank Outreach Program at (510) 620-3300.

BFS Use Only☐ Primary ☐ Secondary ☐ Additional User**Deactivate User** Date/Initials: _____**WSIN Use Only**☐ SCC

User ID/PW Sent Date/Initials: _____

Deactivate User Date/Initials: _____**Print Form****Clear Form**