SAFETNet
(User Agreement Form)

NAME: _____
LAST FIRST

EMPLOYING AGENCY: _____ Agency ORI: _____

AGENCY DIVISION or HIDTA GROUP(TASK FORCE): _____

OFFICE ADDRESS: _____
STREET CITY STATE ZIP

WORK PHONE: _____ CELL PHONE: _____

CELL PHONE PROVIDER: _____ SSN: ### - ## - _____
(AT&T, Verizon, Sprint, etc.) (Last 4 digits only)

DEP'T. EMAIL ADDRESS: _____

I understand that the utilization of this application is for my safety and security, as well as the safety and security of other users. I agree to protect the security and integrity of the system. Any illegal use of this system will be grounds for immediate termination of privileges.

AGENT'S SIGNATURE: _____ DATE: ____/____/____

PRINT SUPERVISOR'S NAME: _____

SUPERVISOR'S SIGNATURE: _____ DATE: ____/____/____

RETURN TO: Gulf Coast HIDTA
3838 N. Causeway Blvd., Suite 1900
Metairie, Louisiana 70002
(571) 362-4869 - Main
(571) 362-4915 - Fax

CONTACTS:
Ronnie Hoefeld (571) 362-4881 hoefeldr@gchidta.org
Royce Pardue (571) 362-4878 parduer@gchidta.org

FOR GC-HIDTA USE ONLY

LOGIN NAME: _____ PASSWORD: _____

AGENCY: _____

ACCESS LEVEL: User ☐ Agency User ☐ Watch Center ☐ Agency Admin ☐

Revised: 2017