

PRIVACY INFORMATION – Pursuant to the Federal Privacy Act (Public Law 93-579) and the Information Practices Act (IPA) of 1977 (Civil Code Sections 1798, *et seq.*), notice is hereby given for the request of personal information. Failure to provide any or all of the requested information may delay processing, or result in an incomplete record. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual for whom personal information is collected has the right to inspect that information in any record maintained by POST. Inquiries may be directed to the POST Information Practices Act Coordinator at the address listed above. Contact the POST Administrative Services Bureau for instructions on requesting records.

INSTRUCTIONS ([See detailed instructions.](#))

- Complete all applicable sections of this application to: **1)** request access for a new account, or **2)** modify or deactivate existing account.
- **FAX your completed and signed application to: POST at (916) 227-5271, Attn: EDI** or send it via U.S. mail to Commission on POST – Attn: EDI at the above address.
- After your application has been approved, POST will notify you by email to complete the process.

SECTION 1. APPLICANT INFORMATION

1. APPLICANT NAME (LAST, FIRST, MI)		2. POST ID (OR SOCIAL SECURITY NUMBER)	
		-	SSN: - -
3. APPLICANT BUSINESS CONTACT NUMBER	4. APPLICANT JOB TITLE		
() Ext			
5. DEPARTMENT / TRAINING INSTITUTE / PRESENTER (AS LISTED IN THE POST-CERTIFIED COURSE CATALOG)			6. PRESENTER CODE (4 DIGITS)
7. MAILING ADDRESS			
Street/POB	City	ST	Zip
8. BUSINESS EMAIL ADDRESS			9. BUSINESS FAX NUMBER
			()

SECTION 2. ACCESS REQUESTED

10. SELECT FUNCTION AND TYPE OF ACCESS FOR NEW ACCOUNT OR TO CHANGE EXISTING ACCOUNT

Course Certification (includes Course Summary Reports – **select one**: Read Only Read/Write Read/Write/Submit to POST

Academy Instructor Certification Program (AICP) – for Academies ONLY: Read/Write

SECTION 3. MODIFY ACCESS OR DEACTIVATE ACCOUNT

11. SELECT ONE OF THE FOLLOWING

Modify access for applicant's current account – *complete ALL Sections.* Deactivate account – *complete Sections 1 and 5.*

SECTION 4. APPLICANT ATTESTATION

12. I AGREE TO THE FOLLOWING CONDITIONS WHEN ACCESSING THE POST EDI SYSTEM

- I understand that the EDI system, and the information contained therein, is for official use only, and that I am entering a secured site that contains personal and confidential data which is protected by provisions of the California Civil and Penal Codes.
- I understand that all system activity is monitored and all transactions are logged. By using this system, I expressly consent to the monitoring of my activity, and I understand that if the monitoring reveals possible evidence of criminal activity, legal action will be taken.
- I understand that if I participate in unauthorized access or misuse of data in any way, I am subject to State of California and/or federal prosecution and termination of my access privileges.
- I understand that my access privileges will be modified or removed if my employment status or duties change.

13. APPLICANT SIGNATURE

▶ _____ Date

SECTION 5. EXECUTIVE APPROVAL OR AUTHORIZED DESIGNEE

14. MY SIGNATURE CONFIRMS THE FOLLOWING:

- I agree that above-named applicant has permission to access the POST EDI system on behalf of this agency according to the privileges indicated above.
- **I agree to notify POST whenever the above individual's access rights are to be modified or deactivated.**

15. PRINT AUTHORIZED NAME	16. JOB TITLE

17. AUTHORIZED SIGNATURE

▶ _____ Date