



## Vendor Management Program Account Application Form

Please complete this form to apply for a new account or to update information about an existing account. The organization will be considered for an account only upon receipt of an accompanying Vendor Agreement.

All forms can be sent to:

MAIL  
 CBI 690 Kipling Street Suite 4000  
 Denver, CO 80215

EMAIL  
 cdps.cbi.cjisvendors@state.co.us

ACCOUNT NUMBER/ORI: COVCP  
 To be filled out by CBI staff only

### ORGANIZATION INFORMATION

Agency/Organization Name: \_\_\_\_\_

Organization Website: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, and ZIP Code: \_\_\_\_\_

### VENDOR ADMINISTRATOR

*Pursuant to the Vendor Agreement, the Vendor Administrator is the organization's primary liaison to the CBI, and will be the designated point of contact for employee approvals, denials, and subsequent arrests, as well as audits. The Vendor Administrator must submit their fingerprints upon approval of this account.*

Administrator Name: \_\_\_\_\_

Direct Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Security Awareness Level:  Level 1  Level 2  Level 4

*The definitions for each level can be found in the CJIS Security Policy, section 5.2.1. The Policy is a public document that is available for download at <https://www.fbi.gov/services/cjis/cjis-security-policy-resource-center>. A Level must be selected for the Administrator in order to receive a CJIS Online account.*

### BILLING TYPE

Paid Account  
 "I would like to submit payment with all submissions."

Due Account  
 "I would like to be invoiced once a month."  
*A Form W9 Request for Taxpayer Identification Number (TIN) and Certification must be filled out and submitted for this option.*

**BILLING INFORMATION**      Same as above?      Yes      No      *If no, please fill out the fields below.*

Billing Contact Person: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, and ZIP Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### TYPE(S) OF SERVICES

Please indicate the type(s) of services the organization provides to the criminal justice community.

\_\_\_\_\_

### DIRECTORY OPT-IN

This organization wishes to Opt Out of having company contact information published in an online directory of Vendor Management Program participants.

*Please continue to the next page.*

RTY(S): VCP



## Vendor Management Program Account Application Form: Acknowledgement

Please read and sign below or your request will be returned as incomplete.

Your account number will be assigned by the CBI and provided to you. It is essential that you use this number when submitting fingerprints.

\_\_\_\_\_  
*Initials*

If you have elected to set up a Paid Account, payment must be received upon request of background check. Requests provided to the CBI without processing fee will be returned.

\_\_\_\_\_  
*Initials*

For Due Accounts, the invoice is payable upon receipt. If you are submitting your requests electronically, please be advised that duplicate submissions will result in your agency being billed for each submission.

\_\_\_\_\_  
*Initials*

By setting up an account, you agree to keep your information with us current. Any time there is a change to your organization's name, address, phone number, e-mail address, primary contact, etc., an updated version of this form must be submitted.

\_\_\_\_\_  
*Initials*

An amendment to Colorado law requires that the CBI deny access to arrest records unless and until the person requesting same has signed a statement which affirms that such records shall not be used for the direct solicitation of business for pecuniary gain. In setting up an account, you agree to these terms with your signature below.

\_\_\_\_\_  
*Initials*

I certify that the information I have provided on this form is true and complete, and that I have read and understood the statements above.

\_\_\_\_\_  
*Authorized Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Title*