

LCWC POLICE WEBCAD USER FORM

CHECK ONE: ADD DELETE NAME CHANGE PROMOTION REINSTATE SUSPEND
Complete all sections *Complete Officer's Information and Start/End Date sections. Only complete other sections if information has changed.*

OFFICER INFORMATION

AGENCY:

NAME:

RANK:

PID:

EMAIL:

PHONE NUMBERS: **(will be marked unlisted)** HOME:

CELL:

OFFICER CREDENTIALS (IF APPLICABLE, CHECK ALL THAT APPLY)

Project Lifesaver

Motor Carrier Inspector

Bilingual

Drug Recognition Officer

SERT Team

Other

Crisis Intervention Team

K-9 Handler

Crash Team

START/END DATE: _____

K-9 INFORMATION

K-9 NAME:

K-9 PID:

K-9 CREDENTIALS: (CHECK ALL THAT APPLY)

Human Remain Detector

Tracking

Narcotics

Explosive Detector

Patrol

Other:

HORSE INFORMATION

HORSE NAME:

HORSE PID:

WEBCAD ACCESS:

Police Basic User

Police Power User

Police Agency Admin