

Oregon Livescan Connection Request

Agency Information

Agency Name _____
Main Point of Contact _____ Title _____
Phone _____ Email _____
Fax Number _____ Booking Room Number _____
Address _____

IT Point of Contact _____
Phone _____ Email _____

Are there other Points of Contact that should be noted _____
If yes, list their name, title, phone and email on the back.

Will the Livescan Device be interfacing with a Jail Management System _____
If yes, JMS Vendor Information _____
Does the Livescan Vendor interface with this JMS at other agencies _____
If yes, list the agencies _____

Livescan Vendor Information

Vendor _____
Point of Contact _____
Phone _____ Email _____

Device Type & Model # _____
Software Version _____
Is the Hardware and Software already in use in Oregon _____
If yes, list the agencies _____

Local card printer Make & Model _____
(for purpose of submitting hard copy fingerprint card to state for processing, if necessary)
Hardware FBI Certified? _____ Capture Device _____ Local printer

Installation Information

Make and Model of the Local Agency Firewall _____
Is the firewall already implemented and in use _____

How many Livescans will be installed _____
External Device IP Address(es) _____

Internal Device IP Address(es) _____

Will this device be used to implement Direct Submit of electronic fingerprint cards _____
If yes, do you plan to transport the data to the GTC using FTP or SMTP _____

Is the device to be used to collect criminal fingerprint cards _____
Is the device to be used to collect applicant/non-criminal fingerprint cards _____
Is the device to be used to collect palm print card types _____
Is the device to be used to transmit mug photos _____

Proposed Schedule

Date Livescan Device(s) will be installed _____
Date Firewall VPN will be tested _____
Date Fingerprint Card Printing will be tested _____
Date the agency would like the Livescan Device to go into production _____

Signature of Main Point of Contact

Date