



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★

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REQUEST FOR ACCESS TO OHLEG

(NOTE: Only applications with this notice will be accepted as of 3/19/14.)

First: _____ Middle: _____ Last: _____

SSN: _____ Date of Birth: _____

*Email: _____

*Confirmation and instructions will be sent via email. If email is unavailable, please list fax number: _____

Agency Name: OPOTA

Agency Address: 1650 State Route 56 SW
London, Ohio 43140

Agency Phone No.: 740-845-2700

Agency ORI: OH049015Y

Terms and Conditions

The undersigned is hereby requesting user access to the investigative tools with the Attorney General's Ohio Law Enforcement Gateway (OHLEG) authorized by Revised Code section 109.57. I am requesting access as a representative of my employing criminal justice agency. I acknowledge that the information and data on OHLEG is confidential and sensitive, and must be used for the official purposes of my agency in the administration of criminal justice. I acknowledge and agree that I will utilize this information exclusively for the administration of criminal justice for the official purposes of my agency. I acknowledge that any unauthorized access or misuse of the law enforcement information and data on this site is prohibited by Revised Code section 2913.04, and constitutes a fifth degree felony. I further acknowledge that any failure to abide by the conditions and restrictions in the user agreement and in the OHLEG policy directive will result in a loss of my privileges of access to this tool. I ACKNOWLEDGE THAT I AM RESPONSIBLE FOR READING THE CURRENT VERSION OF THE POLICY, AVAILABLE ON THE OHLEG SITE. Applicant SSN's are used solely for the purpose of maintaining user authentication, and are required for processing requests. SSN's will not be disclosed to individuals or agencies except in accordance with state and federal law and the policy of the Attorney General of the State of Ohio.

eOPOTA Access Only

APPROVED BY:

Requestor's Signature Date

Mary E. Davis

Chief, Sheriff or Supervisor Printed Name

Executive Director

Title

Signature Date

For Office Use Only:

Entered by: _____

Date: _____

Additional authorization by Chief/Sheriff is needed to receive Facial Recognition Tool. Access is limited to those who need it based on specific job assignment and duties.

Chief/Sheriff Printed Name

Chief/Sheriff Signature Date

