

# MID-STATES ORGANIZED CRIME INFORMATION CENTER®

## SECURITY CONTROL CARD

The following form must be completed to allow us to disseminate confidential information to you from the RISS Intelligence databases. Please fill in **all** blanks and return to:

MOCIC  
Attn: Membership  
P.O. Box 1250  
Springfield, MO 65801-1250

**Or fax this entire form to:  
(417) 883-2154**

If you have any questions, please call the  
MOCIC Membership Support Coordinator (ext. 4108) at (800) 846-6242.

DATE: \_\_\_\_\_ MOCIC AGENCY NUMBER: \_\_\_\_\_

NAME: (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_

TITLE: \_\_\_\_\_ AGENCY EMPLOYED BY: \_\_\_\_\_

AGENCY CURRENTLY ASSIGNED TO (IF DIFFERENT FROM AGENCY LISTED ABOVE): \_\_\_\_\_

OFFICER'S BUSINESS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

OFFICER'S BUSINESS PHONE #: \_\_\_\_\_ OFFICER'S BUSINESS FAX #: \_\_\_\_\_

OFFICER'S BUSINESS E-MAIL \_\_\_\_\_

**Four** unique personal facts are needed to verify your identity when contacting MOCIC. These can be anything from your mother's maiden name to your favorite childhood pet – facts about yourself that are not common knowledge nor likely to change. **Please provide both the questions and the answers.**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

We require that both you **and** your agency's MOCIC executive, representative or alternate sign this form. Failure to fill out the SCC (Security Control Card) form completely will cause delays in processing your information. Your cooperation is appreciated.

Through my association with the Mid-States Organized Crime Information Center (MOCIC), any information received from MOCIC/RISS databases is considered confidential and sensitive. I will be responsible for not revealing such information by any means except in accordance with current MOCIC security policies.

Signature \_\_\_\_\_  
APPROVED BY: Agency Executive/Representative/Alternate

Signature \_\_\_\_\_  
Security Control Applicant

Check one of the boxes below if applicable:

☐ Administrative Head (only 1 allowed per agency)

☐ Executive Member (only 1 allowed per agency)

☐ Representative Member (only 1 allowed per agency)

☐ Alternate Member (allowed up to 2 per agency)

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