



## STATEWIDE APPLICANT FINGERPRINT IDENTIFICATION SERVICES (SAFIS)

### State Agency SAFIS Results (SAFIS-R) User Designation Form

As part of the Commonwealth of Massachusetts Statewide Applicant Fingerprint Identification Services (SAFIS) program, the Massachusetts Department of Criminal Justice Information Services (DCJIS) will disseminate state and national criminal history record check results to an authorized Commonwealth of Massachusetts State Agency using the non-criminal justice results system known as SAFIS Results (SAFIS-R). Each designated user with either direct access to the SAFIS-R system or to SAFIS-R data, must complete and submit a SAFIS-R User Designation Form. Designated users must be approved by the Agency Head or designee.

User Contact Details
Please complete this section for your designated SAFIS-R user.
User*: <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> REMOVE (Select One)
User Full Name (First, MI, Last, Suffix)*:
User Agency Title*:
User Agency E-mail Address*:
User Agency Name*:
User Agency Phone Number*:
User Agency Street Address*:
User Agency City, State, Zip*:
Are you an Information Technology Contractor? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you require a SAFIS-Results User Account? <input type="checkbox"/> YES <input type="checkbox"/> NO
Please complete this section for the approving Agency Head or Designee.
Full Name*:
Title*:
Signature*:
Date*:

\*Required Field.

Please scan and e-mail the completed form to [safis@mass.gov](mailto:safis@mass.gov) with the email subject line:  
SAFIS-R User Designation Form-<Insert Agency Name>