



# OKLeX Security Clearance

## Request for Membership

One Form Must Be Completed for Each Person To Be Certified

Agency Name: \_\_\_\_\_

### Requester Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Job Title: \_\_\_\_\_

User Type: Police Officer/Sheriff Deputy  Dispatcher

Is CLEET Registration # Available? Yes  If Yes, Enter CLEET # \_\_\_\_\_ No

If No CLEET #, Is an OSBI Number Available? Yes  If Yes, Enter OSBI# \_\_\_\_\_ No

If No to CLEET # or OSBI #, Fingerprints must be mailed to:  
Michael Paul, OSBI 6600 N. Harvey Oklahoma City, OK 73116

If No to CLEET # or OSBI #, Have Fingerprints Been Mailed? Yes  No

Requester Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorizing Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### OFFICIAL USE ONLY

Authorized  Userid: \_\_\_\_\_ Password: \_\_\_\_\_

Not Authorized  Reason: \_\_\_\_\_

Modified 01/02/08

**FAX This Request to Michael Paul at 405-843-3804**

If you have fingerprints to submit, please FAX this request. Your request will be filled once fingerprints are received in the mail.

Please contact Michael Paul at 405-879-2979 if you have not received a response to your request within 5 working days. Please do not call without completing this form. You will be asked to submit one before proceeding. Seating is limited. These will be fulfilled on a first come, first served basis. Thank you!

**FAX TO: Michael Paul  
OSBI, ITS  
405-843-3804**

**Number of Pages: \_\_\_\_\_**

**From: \_\_\_\_\_**

**Agency: \_\_\_\_\_**

If you are mailing fingerprints, please mail them to:

OSBI  
Michael Paul  
6600 N. Harvey  
Oklahoma City, OK 73116

**January 21, 2008**