



OKLeX Security Clearance

Request for Membership

One Form Must Be Completed for Each Person To Be Trained

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
You may contact CLEET for this new number

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:

Gary Morgan, 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



OKLeX Request for Portal Training

The following people have requested training for the OKLeX Portal and have included their Security Clearance Form Above. You must submit a request to obtain a seat. Seating is Limited. Thank you!

1st Trainee Information:

Last Name: _____ First Name: _____

Date Training Requested: _____ Location of Training: _____ A.M.
or P.M.

2nd Choice Date: _____ 2nd Choice Location: _____ A.M.
or P.M.

2nd Trainee Information:

Last Name: _____ First Name: _____

Date Training Requested: _____ Location of Training: _____ A.M.
or P.M.

2nd Choice Date: _____ 2nd Choice Location: _____ A.M.
or P.M.

3rd Trainee Information:

First Name: _____

Date Training Requested: _____ Location of Training: _____ A.M.
or P.M.

2nd Choice Date: _____ 2nd Choice Location: _____ A.M.
or P.M.

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 2, 2008