



# REGISTRATION: OSBI LABORATORY REPORTS ONLINE

The Lab web site is designed to assist law enforcement by providing immediate access to OSBI laboratory Criminalistics examination reports.

## 1. APPLICANT COMPLETES:

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

Middle Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

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

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

If OHP, list Troop: \_\_\_\_\_ If DA, list county: \_\_\_\_\_

If DOC, list unit/dept/section: \_\_\_\_\_

Agency Address: \_\_\_\_\_

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

Work phone: \_\_\_\_\_ Work Email (no shared accts): \_\_\_\_\_

Have you previously been granted lab report database access while employed with another agency?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, list the agency(ies) you were with: \_\_\_\_\_

**This is an individual account. By my signature, I agree not to share user names or passwords for this account.**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

## 2. AGENCY HEAD APPROVAL:

**\*\*\* The applicant above will have access to all OSBI lab reports for your agency. Do you approve? \*\*\***  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Agency Head Print Name: \_\_\_\_\_ Work phone: \_\_\_\_\_

Agency Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Head Email: \_\_\_\_\_

- Please fax or email completed User Registration forms to Tom Reynolds at (405) 330-6207 or tom.reynolds@osbi.ok.gov.
- You can also mail completed forms to: OSBI, 800 East 2<sup>nd</sup> Street, Edmond, OK 73034, Attn: Tom Reynolds.
- If you have questions please email Tom Reynolds at tom.reynolds@osbi.ok.gov

### Official Use Only

Authorized <input type="checkbox"/>	User ID	Password
Not Authorized <input type="checkbox"/>	Reason:	
Email notif.: <input type="checkbox"/>	Hard copy notif.: <input type="checkbox"/>	