Washington/Baltimore HIDTA SSL/Training Registration Form

Press the "SAVE" button below and email completed forms to Registration@wb.hidta.org

All fields are required for the form to be processed

Requesting Access to and or Training: (Check all that apply) New User   Existing User   Refresher Course

Secure Access (SSL)   Case Explorer (CE)   Performance Management Process (PMP)

GangNet (GIS)   Network Files Access   Communication Analysis Portal (CAP)

ODMAP

Date of Request _____   Date of CE Training Class*

*CE Training dates for the Washington/Baltimore region can be found HERE

Requestor's Full Name _____   DOB: _____

First   MI   Last

Agency _____

Agency Type: Federal   State   Local   Military   Other: _____

Assigned to HIDTA Initiative: Yes   No

Dept/Initiative/Task Force _____

Agency/Dept/Init/TF Address _____

_____

Email Address _____

Phone Number _____   ext. _____

Alternate Number (optional) _____

Supervisor's Name _____

Email Address _____

Phone Number _____   ext. _____

Please direct questions to Registration@wb.hidta.org

FOR OFFICE USE ONLY

SSL Username: _____

Type of Training: _____   Date Trained: _____

Coordinator: _____