

**KENTUCKY JUSTICE AND PUBLIC SAFETY CABINET  
DEPARTMENT OF CRIMINAL JUSTICE TRAINING  
Training & Registration Information System (TRIS)  
Agency User Account Application Form**

Please Check One.    New Request       Add Additional User(s)       Remove User(s) Access

<b>Agency Information</b>	
Agency Name:	
Head of Agency and Title:	
Phone Number(s):	
<b>Authorized Users</b>	
Name & Title: Email Address:	

*I agree to keep confidential the user names and passwords provided for these accounts. I also agree to any terms and limitations set by the Department of Criminal Justice Training as to the use of the online Training & Registration Information System (TRIS) and any information it contains.*

*I further agree and understand that authorized users in my agency will have permission to request courses, review all personnel training records and will be acting on my behalf while using TRIS. I agree to promptly notify DOCJT when an authorized user's employment is terminated.*

\_\_\_\_\_  
Signature - Head of Agency

\_\_\_\_\_  
Print Name & Title

\_\_\_\_\_  
Date Signed

Fax completed form to: TRIS Program at 859.622.2740  
--OR--  
Email completed from to: DOCJT.TRIS@KY.GOV

<b>DOCJT Use Only – User Logins Assigned</b>