



Agency Authorized User Appointment Form

* Required information

Note: Once your account request is approved, you will receive e-mails from fldmp-info@hidinc.com containing account logon information. Please ensure your e-mail system is configured to receive e-mails from this address

Officer/Agent Information

* First Name:	<input type="text"/>	* Last Name:	<input type="text"/>
* Title:	<input type="text"/>	* Badge/ID Number:	<input type="text"/>
* Date of Birth (MM/DD/YYYY):	<input type="text"/>	* Phone Number:	<input type="text"/>
* Email Address:	<input type="text"/>		
* Security Question:	<input type="text" value="Select a question"/>	* Security Answer:	<input type="text"/>
* Undercover Status:	<input type="radio"/> Yes, the authorized user works in an undercover status at the agency and asserts public record exemption in s. 119.071(4), F.S.		
	<input type="radio"/> No, the authorized user does not work in an undercover status.		

Agency Information

* Agency Name:	<input type="text" value="Select Type"/>		
* Agency Administrator E-FORCSE User ID:	<input type="text" value="Erika.le"/>		
* Agency Administrator Name:	<input type="text" value="Erika Marshall"/>	* Agency Administrator Email Address:	<input type="text" value="erika.marshall@flhealth.gov"/>

I confirm that all information on this form is true and that the authorized user has read the Training Guide for Law Enforcement and Investigative Agencies and completed the Florida Department of Health's PDMP Information Security and Privacy Training Course.

I confirm that the individual above represents this agency and is authorized to request information from E-FORCSE on behalf of this agency during the course of an active investigation.

Submit

DH8015-PDMP, 01/15
Rule 64K-1.003, F.A.C.