WATCH-CJ Rap Back Authentication Checklist

* NOT FOR CRIMINAL JUSTICE EMPLOYMENT NONCRIMINAL RAP BACK SUBSCRIPTIONS

Date Submitted: _____   **Start Date:** _____

Submitting Agency: _____

Agency ORI: _____

Address: _____

Primary Contact: _____

Phone: _____   **E-mail:** _____

Secondary Contact (If applicable): _____

Phone: _____   **E-mail:** _____

Please check if the Submitter and Subscriber are both in compliance with the following:

- ☐ All Criminal Subscriptions will be FBI UCN Based
- ☐ All Criminal Subscriptions will only be set with criminal records
- ☐ The CJIS Security policy will be used for training and auditing
- ☐ Appropriate expiration dates will be set following the appropriate authority

Check if YES and add the *estimated* volume for each category:

- ☐ Will submit Criminal Subscription for Authorized Supervisions (CS) volume: _____
- ☐ Will submit Criminal Subscriptions for Authorized Investigations (CI) volume: _____

Please choose the following triggers (please check all that will apply):

- ☐ 1. Criminal Retain Submission (Default)
- ☐ 2. Dispositions
- ☐ 3. Expungement/Partial Expungement
- ☐ 4. Want Addition
- ☐ 5. Want Deletion
- ☐ 6. Sexual Offender Registration Addition
- ☐ 7. Sexual Offender Registration Deletion
- ☐ 8. Death Notice With Fingerprints
- ☐ 9. Death Notice Without Fingerprints

Please choose type of Rap Back Activity Notification:

- ☐ Triggering Event

Please choose one the following:

- ☐ Opt in - receive in state notices

- ☐ Opt out – not receive in state notices

- ☐ Not Applicable

Please choose the following:

- ☐ Opt in – retrieve monthly validation / expiration lists (LEEP)

- ☐ Opt out - retrieve monthly validation / expiration lists

- ☐ Opt in – retrieve monthly canceled subscriptions (LEEP)

- ☐ Opt out – retrieve monthly canceled subscriptions

- ☐ Opt in – receive 10 day Rap Back Renewal Notification (RBRN)

- ☐ Opt out – receive 10 day Rap Back Renewal Notification

Please choose one of the following:

- ☐ Will send subscriptions by bulk

- ☐ Will not send subscriptions by bulk

Please choose one of the following for Rap Back Disclosure Indicator (RBDI):

- ☐ Will utilize the RBDI when needed

- ☐ Will not utilize the RBDI

Please choose one of the following:

- ☐ Will utilize the attention field

- ☐ Will not utilize the attention field

I verify that I have the legal right to create a Rap Back Notification.

_____   _____
Signature – Primary Contact   Date

_____   _____
Signature – Secondary Contact (if listed)   Date