



State of Minnesota
Department of Corrections

Law Enforcement Viewer
User Application Form

Please complete this application form completely. Be sure to print clearly. The specific User ID will be assigned to you. Please fax this completed form to (651) 642-0403.

(DOC Use Only)	User ID	
Password (3-10 characters)		
First Name		
Last Name		
Department/Agency		
Assignment		
POST Number (if Law Enforcement)		
Work Email Address		
Work Phone		

Applicant's Signature

Date

Supervisor's Signature

Date

**Fax your application to: MN DOC
Office of Special Investigations
651.642.0403**

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