



**COMPUTER BASED TRAINING ACCOUNT MANAGEMENT FORM
NON-CRIMINAL JUSTICE AGENCIES AND VENDORS**

This form is used to add and manage non-criminal justice agency and vendor user accounts within the GCIC Computer Based Training (CBT) program. This form is utilized when your agency or vendor name does not appear in the organization list within the GCIC CBT program.

Please make your selection from the "Action Requested" drop down menu below for the appropriate action requested.

- Non-Criminal Justice Agency – To have a non-criminal justice agency entered into the CBT program.
- Vendor – To have a vendor account to the CBT program

ACTION REQUESTED:

NON-CRIMINAL JUSTICE AGENCY INFORMATION

Agency Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ ORI: _____

VENDOR INFORMATION

Agency Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____

Agency Head / Vendor Owner

Signature: _____ Date: _____

*Electronic Signatures are acceptable.

Please email request to CBTHelp@gbj.ga.gov