



## COMPUTER-BASED TRAINING ACCOUNT MANAGEMENT FORM

### NON-CRIMINAL JUSTICE AGENCY, CONTRACTOR AND VENDOR

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This form is utilized to manage user accounts within the CBT program. To complete, select the appropriate action requested and complete the non-criminal justice, contractor or vendor required fields.

#### **ACTION REQUESTED:**

#### **Non-Criminal Justice Agency Information**

Agency Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ ORI: \_\_\_\_\_

#### **Contractor/Vendor Information**

Agency Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_

#### **Agency Head or Contractor/Vendor Signature**

\_\_\_\_\_  
Date: \_\_\_\_\_

\*Electronic Signatures accepted.

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Please email request to [CBTHelp@gbi.ga.gov](mailto:CBTHelp@gbi.ga.gov)

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