

STATE OF NORTH CAROLINA NORTH CAROLINA ADMINISTRATIVE OFFICE OF THE COURTS	ACCESS REQUEST/AGREEMENT (Professional Bondsmen, Surety Bondsmen, and Runners Only)
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See Side Two for instructions on completing this form. Mail the signed original form and a \$200 cashier's check to NCAOC, Financial Services Division – BB, P.O. Box 2448, Raleigh, NC 27602-2448. Current users adding VCAP access only should fax Side One to (919) 890-1916 or email the signed form to Access.Admin@nccourts.org.

USER INFORMATION					
User's Name (first, middle, last required)		<input type="checkbox"/> Name Change	Mother's Maiden Name		Social Security No. (last four digits)
Title/Position (select all that apply)			Telephone Number (including area code)		Telephone Extension
<input type="checkbox"/> B – Professional Bail Bondsman <input type="checkbox"/> A – Bail Agent (Surety Bondsman) <input type="checkbox"/> R – Runner					
Business Address			NPN License Number		NCAOC User ID (NCAOC-assigned)
City		State	Zip Code		Current Status of License
County		Email Address			
<input type="checkbox"/> Active <input type="checkbox"/> Not Active					

SYSTEM ACCESS/UPDATE REQUEST					
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Enter "A" on the "Criminal Inquiry (ACIS)" line to obtain inquiry access to NCAOC's Automated Criminal/Infractions System (ACIS). Enter "A" on the "Civil Inquiry (VCAP)" line to obtain inquiry access to NCAOC's Civil Case Processing System (VCAP). If an "A" is entered below, NCAOC agrees to give the User access to the specified systems, along with written user instructions.

Enter "X" on the "Update" line to indicate an update of information on the form, rather than a request for access. Highlight the information changed on the form.

NCAOC Systems Inquiry

___ Criminal Inquiry (ACIS)	___ Civil Inquiry (VCAP)	___ Update of Form Information Only
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USER AGREEMENT					
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The User agrees to abide by all applicable federal, state, and local laws regarding appropriate access to public records of the courts and agrees to abide by all access and information security policies of the North Carolina Administrative Office of the Courts (NCAOC). These policies include, but are not limited to, the following:

1. The User's User ID and password shall not be shared with other individuals under any circumstances.
2. The User must remain with any device currently accessing an NCAOC information system. Sessions connected to NCAOC information systems must be disconnected immediately if the User is not in direct, immediate control of the accessing device.

The User acknowledges that any violation of NCAOC's security policies or of any federal, state, or local law regarding access to or security of NCAOC information systems may result in the immediate and irrevocable termination of the User's access to NCAOC information systems at the sole discretion of NCAOC's chief information officer or his/her designee. Professional bondsmen, surety bondsmen, and runners are granted access to NCAOC information systems pursuant to G.S. 58-71-200. Use of the NCAOC information systems in violation of that section may result in criminal liability, pursuant to G.S. 58-71-200(h).

The User agrees to pay to the NCAOC a sum of \$200 to set up User's User ID. The User must mail a cashier's check made out to "N.C. Administrative Office of the Courts," along with this completed form, to the address at the top of this page.

USER'S SIGNATURE					
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The undersigned User hereby accepts the above "User Agreement" and the "Limits of This Agreement" found on Side Two of this form. The User further acknowledges and agrees that this request for access to NCAOC information systems is made pursuant to G.S. 58-71-200. The User asserts that his or her license, issued under Article 71 of Chapter 58 of the General Statutes, is recognized as active by the N.C. Department of Insurance.

User's Signature	Date
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(Over)

**INSTRUCTIONS FOR COMPLETING ACCESS REQUEST/AGREEMENT FORM (AOC-A-156)
FOR PROFESSIONAL BONDSMEN, SURETY BONDSMEN, AND RUNNERS ONLY**

This access request form is to be used for all professional bondsmen, surety bondsmen, and runners to request access to NCAOC information systems. Users must complete the reverse side of this form to identify themselves and request access. All required sections must be filled out correctly and completely. If the form is incomplete, illegible, unsigned, improperly signed, or not dated, or a cashier's check for \$200 does not accompany the form, it will be returned to the sender without further action by the NCAOC. Questions regarding proper use of this form should be directed to NCAOC Access Administration at (919) 890-2221.

USER INFORMATION (FIELDS WITH * MUST BE ENTERED)

***User's Name:** Provide the User's complete first, middle, and last names (e.g., *John Lee Doe*).

***Mother's Maiden Name** for the User is required for identification purposes.

***Social Security Number:** Provide the last four digits of the User's Social Security number for identification purposes.

***Title/Position:** Check the appropriate position(s) for the User.

***Telephone Number:** Provide the User's telephone number (including area code).

***Telephone Extension:** Provide the User's telephone number extension.

***Business Address:** Provide the User's business address, including street or P.O. Box, city, state, and zip code.

***NPN License Number:** Provide the license number issued under Article 71 of Chapter 58 of the General Statutes.

NCAOC User ID: This field is for NCAOC use only, unless an existing User is submitting a form to request additional access or change information previously submitted. If so, the User ID is required.

***County:** Provide the primary county of the User's business.

***Email Address:** Provide the User's email address.

***Current Status of License:** Check the box to indicate whether the license is active or not active, according to the N.C. Department of Insurance. (If the license is not active, both this form and the accompanying check will be returned to sender.)

SYSTEM ACCESS/UPDATE REQUEST

For inquiry access to NCAOC's Automated Criminal/Infractions System (ACIS) or Civil Case Processing System (VCAP), specify "A" for Add. If submitting the form solely to update User information, specify "X" on the "Update" line. Highlight any information that has changed.

USER AGREEMENT AND SIGNATURE

The User for whom access is being requested must read, understand, and indicate agreement with the statements in these sections of the form by signing at the bottom of Side One and entering the date.

LIMITS OF THIS AGREEMENT

1. The NCAOC specifically reserves the right, at its sole discretion, to alter operating hours, computer programs, or network services, including application screen and/or display changes, at any time and without prior notice.
2. The NCAOC provides no warranties of any kind or nature, express or implied, in connection with this service.
3. The NCAOC shall not be liable for any demand or claim, regardless of form of action, for any damages arising from causes beyond the control and without the fault or negligence of the NCAOC.
4. The NCAOC shall not be liable for any demand or claim, regardless of form of action, for any damages arising from incorrect or incomplete information or data accessed from this service. It is expressly understood by the parties that it is the User's responsibility to verify information or data obtained through this Agreement with the official information reposing at the court of record.
5. If any term or condition of this Agreement or the application thereof to any person(s) or circumstances is held invalid, such invalidity shall not affect other terms, conditions, or applications that can be given effect without the invalid term, condition, or application. To this end, the terms and conditions of this agreement are declared severable.
6. Pursuant to G.S. 58-71-200, all hardware, software, telecommunications charges, or other expenditures required for access are the sole responsibility of the User. Accordingly, the User must have Internet access, as well as purchase from an outside vendor appropriate connectivity software (TN3270/SSL with 128-bit encryption).