**SECURID TOKEN REQUEST**

**For Agencies other than the Michigan State Police**

This application must be typed and submitted electronically to MiCJINmail@michigan.gov.

Agency information is required

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| --- | --- | --- |
| Agency Name      | ORI (If Applicable)      | Date      |
| Street Address      | City      | State      | ZIP Code      |
| Requested By      | Title      | Agency Phone Number      |
| **SecurID Token Request:** Users are NOT allowed to share tokens. If you are requesting the transfer of a token, please fill in the Serial Number field. |
| Last Name, First Name, Middle Initial      | County       |
| Email Address (Must be Unique to the User)      | Date of Birth (Month and Day Only)      |
| Title      | Serial Number (For Token Transfers Only)      |
| Last Name, First Name, Middle Initial      | County       |
| Email Address (Must be Unique to the User)      | Date of Birth (Month and Day Only)      |
| Title      | Serial Number (For Token Transfers Only)      |
| Last Name, First Name, Middle Initial      | County       |
| Email Address (Must be Unique to the User)      | Date of Birth (Month and Day Only)      |
| Title      | Serial Number (For Token Transfers Only)      |
| Last Name, First Name, Middle Initial      | County       |
| Email Address (Must be Unique to the User)      | Date of Birth (Month and Day Only)      |
| Title      | Serial Number (For Token Transfers Only)      |
| Last Name, First Name, Middle Initial      | County       |
| Email Address (Must be Unique to the User)      | Date of Birth (Month and Day Only)      |
| Title      | Serial Number (For Token Transfers Only)      |
| Last Name, First Name, Middle Initial      | County       |
| Email Address (Must be Unique to the User)      | Date of Birth (Month and Day Only)      |
| Title      | Serial Number (For Token Transfers Only)      |