**SECURID TOKEN REQUEST**

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

This application must be typed and submitted electronically to [MiCJINmail@michigan.gov](mailto:MiCJINmail@michigan.gov).

Agency information is required

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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) | | | | |