



**LOUISIANA STATE
VENDOR SPONSORSHIP FORM
(CJIS Purposes)**

Local Agency Information:

Agency Name: _____

Address: _____ Primary Agency ORI: _____

City: _____ State: LA Zip: _____

Agency Contact

Name: _____ Phone: _____

Email: _____

Vendor Information:

Vendor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Vendor Administrator

Name: _____ Phone: _____

Email: _____

Sponsorship:

_____ sponsors _____
(Agency) (Vendor)

to be considered as an approved CJIS Vendor in Louisiana for the purposes of

(Purpose for CJIS Related Contract)

Agency Contact Signature _____ Date: _____

Vendor Administrator Signature _____ Date: _____