



**LOUISIANA STATE POLICE**  
**VENDOR SPONSORSHIP FORM**  
(CJIS Purposes - Centralized Vendor Vetting Process)

**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 \_\_\_\_\_ to  
(Agency) (Vendor)

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

\_\_\_\_\_  
(Purpose for CJIS Related Contract)

Agency Head or Designee Signature \_\_\_\_\_ Date: \_\_\_\_\_

Vendor Administrator Signature \_\_\_\_\_ Date: \_\_\_\_\_