

**CapWIN Agency Questionnaire**

In order to ensure that the University of Maryland Capital Wireless Information Net (CapWIN) Program maintains comprehensive and accurate information about its participant agencies, the following questionnaire must be completed and provided the official CapWIN Representative. The completed form may be sent by mail, email, or fax to the address below.

Additionally, in order to meet security requirements, all individuals identified as CapWIN Agency Administrators must sign the attached Agreement prior to be being provided with CapWIN Administrator privileges. The Agency Questionnaire and Agency Administrator Agreement should be sent to the following address:

Marvin Thomas

CapWIN Deputy Director

5000 College Ave., Suite 3121

College Park, MD 20742

[mthomas@capwin.org](mailto:mthomas@capwin.org)

fax: (301) 405-1155

Prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preparation date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Participating Agency:
* Name:
* Street Address:
* City, State, Zip:
* County:
* Phone Number:
* Website:
* Approx. number of employees:
* ***Primary Agency’s Designated CapWIN Point-of-Contact***. This may be the agency head (Chief) or their designee. This is the agency representative who is the primary contact person for all issues that involve CapWIN related issues.
* Name:
* Address:
* Phone Number:
* Title:
* Email:
* Your Agency’s Designated CapWIN ***“Agency Administrator” #1***. Your CapWIN AA #1 has the authority and permission to create CapWIN user accounts for your agency. They also have the ability to modify user profiles, reset passwords, and delete CapWIN user accounts. All CapWIN AA’s are required to sign an agreement to receive administrator rights in the CapWIN system.
* Name:
* Address:
* Phone Number:
* Title:
* Email:
* Your Agency’s Designated CapWIN ***“Agency Administrator” #2***. Your CapWIN AA #2 has the same rights and responsibilities as Your CapWIN AA #1. All CapWIN AA’s are required to sign an agreement to receive administrator rights in the CapWIN system.
* Name:
* Address:
* Phone Number:
* Title:
* Email:
* Your Agency Designated ***CapWIN Records Administrator***. Due to the fact that CapWIN records are sensitive in nature, your CapWIN Records Administrator should be your agency designee that has the authority to request and receive CapWIN records for your agency. Records include, but are not limited to, reports on user logins, chat messages, and query transactions.
* Name:
* Address:
* Phone Number:
* Title:
* Email: