



MIAMI-DADE COUNTY CLERK OF THE CIRCUIT AND COUNTY
COURTS 11TH JUDICIAL CIRCUIT

FCCC ePORTAL LAW ENFORCEMENT ADMINISTRATOR ACCOUNT REQUEST

Please use this form to request an account for a Law Enforcement Administrator who will be responsible for creating/maintaining accounts within the agency for e-Filing. Once the form has been completed, please print, sign, date, notarize and mail to:

**Miami-Dade County -Clerk of Courts
Technical Services Division/Service Center
175 NW 1st Avenue, 27th Floor Box #7
Miami, Fl. 33128**

LAW ENFORCEMENT AGENCY INFORMATION

Law Enforcement Agency Name and Code: _____

Agency Address: _____

City: _____ State: FL Zip Code: _____ Phone Number: _____

Agency Primary E-Mail Address: _____

ADMINISTRATOR'S INFORMATION

Administrator's Name: _____ User ID: _____

Address: _____

City: _____ State: FL Zip Code: _____ Phone Number: _____

Title: _____ Primary E-Mail Address: _____

AUTHORIZER'S INFORMATION

Authorizing Name: _____
(Please Print)

Authorizing Signature: _____ Title: _____

Phone Number: _____ Primary E-Mail: _____

STATE OF FLORIDA, COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20_____.

By: _____

Personally known to me: _____

or Produced Identification _____ Type of Identification Produced _____

Signature of Notary _____ (Notary Seal)

CLERK OF COURTS TSD USE ONLY

Date Created: _____ Created By: _____