



New User Request

Request an Account

If you are not sure if you have an account with us or if you require additional assistance, please contact the EPIC User Access Management (UAM) Team at 571-387-4292 or EPIC.Access@dea.gov.

Applicant Information

(An asterisk symbol (*****) indicates a mandatory field)

Request Submission Date: 3/10/2025

Title

First Name (FULL LEGAL FIRST NAME REQUIRED) *

Middle Name

Last Name (FULL LEGAL LAST NAME REQUIRED) *

Suffix

Gender *

- ☐ Male
☐ Female

Date of Birth (MM/DD/YYYY) *

Citizenship *

Home Phone

Work Information

Type of Employee *

Access Type *

- ☐ EPIC
☐ DICE/DEASIL
☐ SAFETNet

Employer/Agency Name *

Occupation*

Start Date at Employer/Agency (MM/DD/YYYY) *

Are you a sworn law enforcement officer?*

- ☐ Yes
☐ No

HIDTA

Country*

Work Address Line 1*

Work Address Line 2

City*

Zip/Postal Code*

Work Phone*

Ext

Work Cell Phone

Work Email*

Supervisor Information

(Supervisor must be different from applicant)

Supervisor First Name*

Supervisor Last Name*

Supervisor Title*

Supervisor Phone*

Ext

Supervisor Email*

General Information

How did you hear about us?*

Reason for Request*

With which federal agency do you have a working relationship?*

Privacy Act Statement and Authorization for Release of Information

Carefully Read This Privacy Statement

By clicking "I Agree" you agree and consent to (a) the ESP Authorization for Release of Information, (b) the submission of your User Account Request form, and (c) receive required notifications from ESP electronically.

Authority: Title 5, U.S. Code, Sections 301 and 1104, Executive Order 9297 and 5 U.S.C. Â§522(a)(2000), Privacy Act of 1974.

Principal Purpose: This form requests personal information for the purpose of conducting a security clearance process of applicants desiring to become an authorized user of the Seizure System.

This information is provided pursuant to 5 U.S.C 552a (Privacy Act of 1974) for individuals supplying information for inclusion in a system of records.

The primary use of this information is to conduct a modified background check as a condition of granting authorization to access this system.

Routine Uses: Information contained in this form may be disclosed to appropriate Federal, state, or local agencies for assistance in completing the security clearance process. Other routine uses include the disclosure to agencies responsible for investigating, prosecuting, enforcing, or

Scroll to the end of statement to continue.



Print Privacy Act Statement