

## APHIS NEW USER ACCOUNT AND PRIVILEGED ACCESS CONTROL FORM

Blocks 1 through 10 to be completed by requestor

<b>1. USER NAME</b>			<b>2. DATE OF REQUEST</b>
Last Name:	First Name:	Middle Initial:	
<b>3. USER PHONE NUMBER</b> (including area code)		<b>4. USER EMAIL ADDRESS</b>	
<b>5. USER EMPLOYER</b> (choose only one) <input type="checkbox"/> APHIS <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER Specify: _____		<b>6. TYPE OF REQUESTED ACCESS</b> (choose only one) <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY/EMERGENCY (must complete Block 10) <input type="checkbox"/> ID not required	
<b>7. SYSTEM(S) TO WHICH ACCESS IS REQUESTED</b> (server/system names and/or database names, if applicable)		<b>8. ACTION REQUESTED</b> (choose only one) <input type="checkbox"/> Establish new user account <input type="checkbox"/> Terminate user account <input type="checkbox"/> Modify user account (use Block 9 to specify instructions)	
<b>9. INSTRUCTIONS</b> (if any) <b>FOR ACCOUNT PRIVILEGED ACCESS MODIFICATION</b>		<b>10. DURATION/HOURS OF REQUESTED ACCESS</b> <input type="checkbox"/> Temporary/emergency (less than 1 year) Access end date: _____ Periods of access (annual renewal required) <input type="checkbox"/> Core work hours <input type="checkbox"/> Weekends (12:00 AM Saturday-11:59 PM Sunday) <input type="checkbox"/> Other Specify: _____	

Blocks 11 through 14 to be completed by requestor if user is not an APHIS employee

<b>11. NAME AND ADDRESS OF USER'S EMPLOYER</b> (company or Federal/State/local agency)	<b>12. USER'S SUPERVISOR</b> (name, title, phone number)
<b>13. CONTRACT NUMBER</b> (if applicable)	<b>14. APHIS POINT OF CONTACT</b> (e.g., Contracting Officer's Representative)

Block 15 must be completed for all requests

**15. REASON FOR ACCESS** (describe clearly and precisely the detailed nature of the tasks being performed by the user)

Block 16 to be completed by System owner or employee's supervisor, Program ISSM (if user is an APHIS employee), or APHIS contracting officer representative (COR) (if user is a contractor) of the system for which the user is requesting elevated privileges. Check the appropriate box and apply signature.

For digital signatures, please use LincPass.

<b>16.</b> <input type="checkbox"/> Supervisor <input type="checkbox"/> System Owner <input type="checkbox"/> Program ISSM <input type="checkbox"/> COR System Owner/Program/ISSM/COR printed name (if not using digital signature): _____	
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Blocks 17 and 18 to be completed by APHIS CISO or Deputy CIO/CIO

For digital signatures, please use LincPass.

<b>17. APHIS AUTHORIZING OFFICIAL:</b> <input type="checkbox"/> CISO <input type="checkbox"/> Deputy CIO <input type="checkbox"/> CIO	
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**18. ADDITIONAL INFORMATION**