FDOT COMPUTER SECURITY ACCESS REQUEST (CSAR)

DMS VPN ACCESS REQUEST FORM - (Non-DOT Employees)

The Florida Department of Transportation (FDOT) is responsible for requesting and maintaining the Virtual Private Network (VPN) user access control list (ACL) which permits access to a remote user to the State's network through the Florida Department of Management Services (DMS). This document is the application to establish connection between a user's individual machine and FDOT's networks.

Project Manager/ DOT Representative:

Purpose and Reason for VPN access:

_____

_____

By my signature below I am acknowledging:

- That VPN access is the best means for providing the data and information needed for the user to conduct business on behalf of FDOT.
- I understand that the Department can cancel the VPN access due to the user/vendor's non-payment of monthly services to DMS. If the cash bond/check deposit on file does not settle the remaining balance, then my cost center will be responsible for the outstanding amount. When VPN service is cancelled due to non-payment, the user will need to reapply for access by submitting a new form and cash bond/check deposit to DOT.

DOT Project Manager Name: _____

DOT Project Manager Signature: _____ _____
Date

Cost Center Manager Name: _____ **Org Code:** _____ **EO:** _____

Cost Center Manager Signature: _____ _____
Date

Vendor Acknowledgement:

By my signature below I am acknowledging:

- Pursuant to FL Statute 282.711, I understand that I am assuming responsibility to pay the VPN monthly fee payable to the VPN Provider. The current rate can be accessed at: http://www.dms.myflorida.com/business_operations/telecommunications/suncom2/data_services/remote_access_virtual_private_network_vpn/vpn_rates
- I understand that: 1) VPN access for non-DOT employees requires the user/vendor to place a cash bond/check deposit on file with the Department. 2) I am to forward the cash bond/check deposit and a completed copy of this form to the DOT General Accounting Office, 605 Suwannee Street, MS-42B, Tallahassee, FL 32399. Please make cash bond/check payable to DOT General Accounting Office. 3) I am to communicate the need to terminate VPN access to the FDOT Project Manager in order to release the deposit on file. 4) The Department will verify all DMS bills are current and release the deposit of file to the vendor.
- I understand that a cash bond/check deposit for an amount equal to the cost of 120 days of VPN service must be executed along with this form. The deposit on file is in place in the event that my VPN account becomes 90 days delinquent on any payment due. The Department will close the VPN account and draw on the cash bond or letter of credit to satisfy outstanding amounts due. Cash bonds will not be released until VPN user accounts have been terminated and any outstanding amounts have been paid in full. Once my VPN account is closed, I will need to re-apply for access by submitting a new form and cash bond/check deposit.
- VPN access is only to be used for the communicated DOT business and upon such a time that the project is completed and or the VPN access is not needed, I will communicate this to the DOT Project Manager in order to release the deposit on file.
- I understand the FDOT does not allow split tunneling for VPN access. This means that during a VPN session with FDOT, I will not have direct access to my local area network.
- I understand that if technical assistance is needed, the VPN user is responsible for contacting the Department of Management Services Helpdesk by email at SUNCOM.Helpdesk@dms.myflorida.com or by phone at 1-888-478-6266 (toll-free).

DMS VPN ACCESS REQUEST FORM - (Non-DOT Employees) Continued

Customer Service Address:

Company Name _____
Street Address _____
City _____
State/Zip Code _____
Contact Name _____
Contact Phone No. _____

Technical Contact Information:

Contact Name _____
Contact Phone No. _____
Contact Email Address: _____

Customer Billing Address (if different from service location):

Company Name _____
Street Address _____
City _____
State/Zip Code _____ County _____
Contact Name _____
Contact Phone No. _____

User ID for VPN Client:

User Name _____
User ID _____
User Phone No. _____
User Email Address _____

Vendor Signature:

_____ _____
Print name Date

_____ _____
Signature Date