

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
FDOT COMPUTER SECURITY ACCESS REQUEST

325-060-05
INFORMATION SYSTEMS
05/07

User Information: Name: _____
Existing Userid (If applicable): _____ Contact Phone (Required): _____
Cost Center #/Name: _____ / _____
User's Email: _____ User's Phone: _____

- User's Acceptance of Conditions:**
By signing below, I signify that I have read and understand that I am subject to all the provisions of:
- Executive Office of the Governor Memorandum – 1998-01, Information Resource Security Policy
 - Chapter 119, Florida Statutes, Public Records
 - Section 281.301, Florida Statutes – Safety and Security Services
 - Chapter 282, Florida Statutes – Communications and Data Processing
 - Section 282.318, Florida Statutes – Security of Data and Information Technology Resources
 - Chapter 815, Florida Statutes – Computer Related Crimes
 - Procedure 050-020-026 - Distribution of Exempt Public Documents Concerning Department Structures and Security System Plans

I understand that every employee is responsible for systems security to the degree that his or her job requires the use of information and associated systems. All users are responsible for using information resources only for the purposes for which they are intended, to comply with all controls established by information resource owners and custodians and for protecting sensitive information against unauthorized disclosure. I also understand that it is the user's responsibility to protect all of his or her passwords from being disclosed and to refuse to accept any other user's password.

I also understand that signing below indicates that I have read and completed the following:

FDOT Security's New Employee Required Reading:
<http://www.dot.state.fl.us/computersecurity/ITpolicies.shtm>
Computer Security Awareness for New Employees - Course and Quiz
<http://www.dot.state.fl.us/ComputerSecurity/swf/new-user-2004-08/csa-newuser.shtm>
Macromedia Flash player required for coursework and quiz:
<http://get.adobe.com/flashplayer/>

User's Signature: _____ **Date:** _____

Request Type: New User Name Change Access Change Termination Transfer

(If Termination or Transfer, please enter the information requested below)
Effective Date: _____ Effective Time: _____
Person Responsible for cleaning up employee's Mainframe Catalog: _____
Name: _____ Userid: _____ Phone: _____

New Account Type: *(If New User/Transfer was selected above, please indicate the type of account being requested.)*
 Employee/OPS Consultant/Contractor Generic/Service Outside Agency FTP Only
 Other (Please explain): _____

Type of Computer Access Requested:

<input type="checkbox"/> Mainframe (Required for New User)	<input type="checkbox"/> EDMS <i>(Must complete the EDMS Addendum)</i>
<input type="checkbox"/> Email	<input type="checkbox"/> FTP <i>(Must complete the FTP Addendum)</i>
<input type="checkbox"/> Dial-In (RAS)	<input type="checkbox"/> FTA <i>(Must complete the FTA Addendum)</i>
<input type="checkbox"/> CITS	<input type="checkbox"/> SUNPASS <i>(Must complete the Sunpass Addendum)</i>
<input type="checkbox"/> Metaframe/Citrix _____ <small>(Please Specify)</small>	<input type="checkbox"/> VPN/Wireless VPN <i>(Must complete the VPN/Wireless VPN Addendum)</i>

DOMAIN AND/OR LAN ACCESS: _____ OU: _____
AD Groups: *(Please provide details)* _____

Other Security Access: *(Please provide details)* _____

Managerial Approval:
Supervisor's Name: _____
Supervisor's Signature: _____ Date: _____
Cost Center Manager's Name: _____
Cost Center Manager's Signature: _____ Date: _____
Security Coordinator's Name: _____
Security Coordinator's Signature: _____ Date: _____

For Consultant/Contractor Access Only:
DOT Project Manager's Name: _____ Phone: _____
DOT Project Manager's Email Address: _____
DOT Project Manager's Signature: _____ Date: _____
Consultant Company Name: _____ Vendor #: _____
Project #: _____

Project Start Date: _____ Project End Date: _____
Consultant Representative's Name: _____ Phone: _____
Consultant Representative's Title: _____
Consultant Representative's Email Address: _____
Consultant Representative's Signature: _____ Date: _____
Authorized Services and Programs: *(Include the location of access and include the address if connectivity is not from a DOT Office or District or from the address indicated above.)*

DOT Project Manager/Professional Service Unit Authorization: _____

Additional Comments:

Routing Instructions: (Please enter all necessary information.)
 LAN/AD/DOMAIN Administrator(s) Name: _____
 CSA Authority _____
 Email Administrator _____
 Other _____

Explanation of Acronyms: VPN=Virtual Private Network FTP=File Transfer Protocol FTA=File Transfer Appliance
CITS=Consultant Invoice Tracking System RAS=Remote Access Server
AD=Active Directory LAN=Local Area Network

For Security Office Use Only:
New Userid: _____ Account Number: _____ Default Group: _____
Added to the System by: _____ Date: _____