325-060-05 INFORMATION TECHOLOGY 01/19

# STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION FDOT COMPUTER SECURITY ACCESS REQUEST

| User                 | Information: Name:   |   |  |  |  |  |   |
|----------------------|--|---|--|--|--|--|---|
|                      | ng User ID (If applicable)   | ):  | Contac   | t Phone (Requ  | uired):  |  |   |
|                      | Center#/Name:  | /   |  | Harris Di  |  |  |   |
|                      | s Email:<br>' <b>s Acceptance of Con</b> o   | ditions   |  | User's Ph  | one:   |  |   |
|                      | gning below, I signify the   |   | understand that I am   | subject to all   | the provisions   | of.  |   |
|                      | <ul> <li>Chapter 119, Florida</li> <li>Section 281.301, Flo</li> <li>Chapter 282, Florida</li> <li>Section 282.318, Flo</li> <li>Chapter 815, Florida</li> </ul> | n Statutes, Public Re<br>orida Statutes – Safe<br>n Statutes – Commun<br>orida Statutes – Secu<br>n Statutes – Compute<br>1026 - Distribution of<br>ostem | cords ty and Security Service nications and Data Pro- urity of Data and Informatics er Related Crimes Exempt Documents C | es<br>ocessing<br>mation Techno<br>concerning De                       | ologyResource  | es<br>ctures and Conf  |   |
| of<br>fo<br>fo<br>to | information and associate which they are intended reprotecting sensitive information and protect all of his or her   | ated systems. All used, to comply with a formation against uppasswords from be  | sers are responsible<br>ill controls establishe<br>nauthorized disclosu<br>ing disclosed and to                          | for using infor<br>d by informati<br>re. I also unde<br>refuse to acce | rmation resour<br>on resource o<br>erstand that it<br>ept any other u  | ces only for the<br>wners and cust<br>is the user's res  | e purposes<br>todians and<br>sponsibility                     |
| l a                  | also understand that sign  | ning below indicate   | s that I have read an  | d completed t  | he following:  |  |   |
| F                    | OOT Security's New Emp   | loyee Required Rea  | ding:  |  |  |  |   |
|                      | https://www.fdot.g   | jov/cybersecurity/IT  | PoliciesandStatutes.s  | <u>htm</u>   |  |  |   |
| Ne                   | ew User Security Awaren<br>https://www.fdot.g  |   | and Quiz<br>ecurityAwarenessCou  | rse.shtm   |  |  | ı   |
| He                   | er's Signature:  |   |  |  | Date:  |  |   |
| US                   | er 3 Orginature.   |   |  |  |  |  |   |
|                      |  |   |  |  |  |  |   |
|                      |  |   |  |  |  |  |   |
| Req                  | uest Type:   Ne  | w User 🔲 N  | ame Change 🔲   | Access Cha   | ange 🗌   | Termination  | ☐ Transfer  |
|                      | uest Type:   Ne  Termination or Transfer   | <del>_</del>  |  |  | ange 🗌   | Termination  | ☐ Transfer  |
|                      |  | <del>_</del>  |  | pelow)   | ange 🗌   | Termination  | ☐ Transfer  |
|                      | Termination or Transfer  | , please enter the in   | formation requested I  | pelow)   | ange 🗌   | Termination  | ☐ Transfer  |
|                      | Termination or Transfer Effective Date:  | , please enter the in   | formation requested I  | pelow)   | ange  Phone:   |  | ☐ Transfer  |
| (If                  | Termination or Transfer Effective Date: Person Responsible for o   | r, please enter the in  | formation requested I Effective Time: 's Mainframe Catalog: User ID:   | pelow)   | Phone:   |  |   |
| (If                  | Termination or Transfer Effective Date: Person Responsible for continuous Name:  Account Type: (If New   | cleaning up employee  | formation requested I  Effective Time: 's Mainframe Catalog:  User ID: s selected above, ple                             | ase indicate t   | Phone:   | ount being req   | uested.)  |
| (If                  | Termination or Transfer  Effective Date:  Person Responsible for on Name:  Account Type: (If New Employee/OPS  | r, please enter the in  | formation requested I  Effective Time: 's Mainframe Catalog:  User ID: s selected above, ple                             | pelow)   | Phone:   | ount being req   |   |
| (If                  | Termination or Transfer Effective Date: Person Responsible for continuous Name:  Account Type: (If New   | cleaning up employee  User/Transfer was Consultant/Contract   | formation requested I  Effective Time: 's Mainframe Catalog:  User ID: s selected above, ple                             | ase indicate t   | Phone:   | ount being req   | uested.)  |
| New                  | Termination or Transfer  Effective Date:  Person Responsible for on Name:  Account Type:  Employee/OPS  Other (Please explain):                                  | cleaning up employee  User/Transfer was Consultant/Contract   | formation requested I  Effective Time: 's Mainframe Catalog:  User ID:  s selected above, ple ctor                       | ase indicate t   | Phone:   | ount being req   | uested.)  |
| New                  | Termination or Transfer  Effective Date:  Person Responsible for on Name:  Account Type: (If New Employee/OPS  | cleaning up employee  User/Transfer was Consultant/Contrac  | formation requested I  Effective Time: 's Mainframe Catalog:  User ID:  s selected above, ple ctor                       | ase indicate t   | Phone: he type of acc Outside A  | ount being requ  | uested.)  |
| New                  | Termination or Transfer  Effective Date:  Person Responsible for or Name:  Account Type: (If New Employee/OPS  | cleaning up employee  User/Transfer was Consultant/Contract   | formation requested I  Effective Time: 's Mainframe Catalog:  User ID:  s selected above, ple ctor                       | ase indicate to  | Phone: he type of acc Outside A  | ount being requestions gency   | uested.)  ☐ FTP Only endum)                                   |
| New                  | Termination or Transfer  Effective Date: Person Responsible for or Name:  Account Type: (If New Employee/OPS   | cleaning up employee  User/Transfer was Consultant/Contrac  | formation requested I  Effective Time: 's Mainframe Catalog:  User ID:  s selected above, ple ctor                       | ase indicate the c/Service  EDMS FTP                                   | Phone: he type of acc Outside A  (Must complete (Must complete   | ount being requestions of the EDMS Added   | uested.)  □ FTP Only endum)                                   |
| New                  | Termination or Transfer  Effective Date:  Person Responsible for or Name:  Account Type: (If New Employee/OPS  | cleaning up employee  User/Transfer was Consultant/Contrac  | formation requested I  Effective Time: 's Mainframe Catalog:  User ID:  s selected above, ple ctor                       | ase indicate to  | Phone: he type of acc Outside A  (Must complete (Must complete (Must complete)   | ount being requestions out the EDMS Addense the FTP Addense the FTA Addense th | uested.)  ☐ FTP Only  endum) dum) dum)                        |
| New                  | Termination or Transfer  Effective Date:  Person Responsible for or Name:  Account Type: (If New Employee/OPS  | cleaning up employee  User/Transfer was Consultant/Contrac  | formation requested I  Effective Time: 's Mainframe Catalog:  User ID:  s selected above, ple ctor                       | ase indicate to  | Phone: he type of acc Outside A  (Must complete (Must complete (Must complete (Must complete (Must complete  | ount being requestions and the EDMS Addentitions and the FTP Addentitions are the FTA Addentitions at the Sunpass Addentitions are the Sunpass Addentitions.   | uested.)  FTP Only  endum) dum) dum) ddendum)                 |
| New                  | Termination or Transfer  Effective Date:  Person Responsible for or Name:  Account Type: (If New Employee/OPS  | cleaning up employee  User/Transfer was Consultant/Contract  quested:   | formation requested I  Effective Time: 's Mainframe Catalog:  User ID:  s selected above, ple ctor                       | ase indicate to  | Phone: he type of acc Outside A  (Must complete (Must complete (Must complete (Must complete (Must complete  | ount being requestions and the EDMS Addentitions and the FTP Addentitions are the FTA Addentitions at the Sunpass Addentitions are the Sunpass Addentitions.   | uested.)  ☐ FTP Only  endum) dum) dum)                        |
| New                  | Termination or Transfer  Effective Date:  Person Responsible for or Name:  Account Type: (If New Employee/OPS  | cleaning up employee  User/Transfer was Consultant/Contract  quested: ed for New User)  | formation requested I  Effective Time: 's Mainframe Catalog:  User ID:  s selected above, ple ctor Generi                | ase indicate to  | Phone: he type of acc Outside A  (Must complete (Must complete (Must complete (Must complete (Must complete  | ount being requestions and the EDMS Addentitions and the FTP Addentitions are the FTA Addentitions at the Sunpass Addentitions are the Sunpass Addentitions.   | uested.)  FTP Only  endum) dum) dum) ddendum)                 |
| New                  | Termination or Transfer  Effective Date:  Person Responsible for or Name:  Account Type: (If New Employee/OPS  | cleaning up employee  User/Transfer was Consultant/Contract  quested: ed for New User)  | formation requested I  Effective Time: 's Mainframe Catalog:  User ID:  s selected above, ple ctor                       | ase indicate to  | Phone: he type of acc Outside A  (Must complete (Must complete (Must complete (Must complete the type of acc   | ount being requested the EDMS Addent the FTP Addent the FTA Addent the Sunpass Addented the S | uested.)  FTP Only  endum) dum) dum) ddendum)                 |
| New  Type            | Termination or Transfer  Effective Date:  Person Responsible for on Name:  Account Type: (If New Employee/OPS  | cleaning up employee  User/Transfer was Consultant/Contract  quested: ed for New User)  (Please Specificaccess:   | formation requested I  Effective Time: 's Mainframe Catalog:  User ID:  s selected above, ple ctor Generi                | ase indicate the c/Service  EDMS FTP FTA SUNPASS VPN (M                | Phone: he type of acc Outside A  (Must complete (Must complete (Must complete (Must complete thust complete the  | ount being requested the EDMS Addent of the FTA Addent of the Sunpass Addented the Sunpass Ad | endum) dum) ddendum) s VPN Addendum)                          |
| New  Type            | Termination or Transfer  Effective Date: Person Responsible for or Name:  Account Type: (If New Employee/OPS   | cleaning up employee  USer/Transfer was Consultant/Contract  quested: ed for New User)  (Please Specificaccess:   | formation requested   Effective Time: 's Mainframe Catalog: User ID: s selected above, ple ctor                          | ase indicate the c/Service  EDMS FTP FTA SUNPASS VPN (N                | Phone: he type of acc Outside A  (Must complete (Must complete (Must complete (Must complete the distinct complete Must complete the distinct complete Must complete the distinct complete the distinc | ount being requested the EDMS Addense the FTP Addense the FTA Addense the Sunpass Addense the Sunpass Addense the VPN/Wireless   | uested.)  FTP Only  endum) dum) dum) ddendum) s VPN Addendum) |
| New  Type            | Termination or Transfer  Effective Date: Person Responsible for or Name:  Account Type: (If New Employee/OPS   | cleaning up employee  USer/Transfer was Consultant/Contract  quested: ed for New User)  (Please Specificaccess:   | formation requested   Effective Time: 's Mainframe Catalog: User ID: s selected above, ple ctor                          | ase indicate the c/Service  EDMS FTP FTA SUNPASS VPN (N                | Phone: he type of acc Outside A  (Must complete (Must complete (Must complete (Must complete the distinct complete Must complete the distinct complete Must complete the distinct complete the distinc | ount being requested the EDMS Addense the FTP Addense the FTA Addense the Sunpass Addense the Sunpass Addense the VPN/Wireless   | uested.)  FTP Only  endum) dum) dum) ddendum) s VPN Addendum) |

# STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION FDOT COMPUTER SECURITY ACCESS REQUEST

325-060-05 INFORMATION TECHOLOGY 01/19

| Managerial Approval:   |  |
|--|--|
| Supervisor's Name:   |  |
| Supervisor's Signature:  |  |
| Cost Center Manager's Name:  |  |
| Cost Center Manager's Signature:   |  |
| Security Coordinator's Name:   |  |
| Security Coordinator's Signature:  |  |
| For Consultant/Contractor Access Only:   |  |
| DOT Project Manager's Name:  | Phone:   |
| DOT Project Manager's Email Address:   |  |
| DOT Project Manager's Signature:   | <b>~</b> .   |
| Consultant Company Name:   |  |
|  |  |
| Project #:   |  |
|  |  |
| Project Start Date:  | Project End Date:  |
|  | Phone:   |
| l o  |  |
| Consultant Representative's Email Address:   |  |
| Consultant Representative's Signature:   | Date:  |
| Authorized Services and Programs: (Include the location of access ar District or from the address indicated above.)  | nd include the address if connectivity is not from a DOT Office or   |
|  |  |
|  |  |
| DOT Project Manager/Professional Service Unit Authorization:   |  |
|  |  |
|  |  |
| Additional Comments  |  |
| Additional Comments:   |  |
|  |  |
|  |  |
| Booties between the control of the c |  |
| Routing Instructions: (Please enter all necessary information LAN/AD/DOMAIN Administrator(s) Name:   | <u>(on.)</u>   |
| CSA Authority  |  |
| Email Administrator  |  |
| Other  | ETA Ella Tassacian Assaliana   |
| Explanation of Acronyms: VPN=Virtual Private Network CITS=Consultant Invoice Tracking System AD=Active Directory   | FTP=File Transfer Protocol FTA=File Transfer Appliance RAS=Remote Access Server CSA=Computer Security LAN=Local Area Network Administrator |
| For Security Office Use Only:  |  |
| New User ID: Account Number:   | Default Group:   |
| Added to the System by:  | Date:  |

## FDOT EXTERNAL FTP SERVER – ACCESS REQUEST FTP ADDENDUM

The Computer Security Office reserves the right to call for the sender to resubmit any request that is unreadable or incomplete.

| Consultant Name and Company Name:  |  |
|--|--|
| User Name (User ID) <sup>1</sup> :   | (Print Name)   |
| Phone Number:  |  |
| Consultant's Email Address:  |  |
| Project Number/Start and End Date:   |  |
| Indicate Directory structure or path: where you will place your files.   |  |
| The directory will be created for you. All directories   | s are created after the following path: "https://ftp.fdot.gov/."   |
| ***Important information con   | cerning the external FTP Server***   |
| <ul> <li>the server, you do not need an FTP account.</li> <li>FTP user accounts will receive write and delete access</li> <li>Your External FTP Server account password will expi</li> <li>FTP user accounts are locked out after 5 unsuccessful at (866) 955-4357 or email <a href="mailto:fdot.servicedesk@dot.stat">fdot.servicedesk@dot.stat</a></li> <li>Sharing user names and passwords is prohibited.</li> </ul> | ess. If your need only includes reading/downloading files from ses to the requested folder(s). ire every 65 days. It login attempts. Contact the FDOT Service Desk for assistance te.fl.us for assistance with this or any other FTP related issues. Every 14 days. Utility/Permit files and folders will not be deleted. abled. |

Use of the external FTP server for any activity other than FDOT business is strictly prohibited.

I have read the above information and agree:

FDOT Cost Center Manager (Please Print) - Authorization

FDOT Security Coordinator (Please Print) - Authorization

Employee/Consultant Signature

CC# Signature Date

CC# Signature Date

### OIT USE ONLY - Request completed by

or District OIT Manager

Date

<sup>1</sup> An AARF request must be submitted to include the access item **FTP** to be added to the user's AARF security record. The FTP addendum must be filled out in its entirety. A CSAR and new user quiz and/or TRACK quiz must be on file. A project end date and email address must be present. For FDOT employees enter the RACF user ID. For external users with an existing FDOT RACF user ID (KN), use the existing user ID. For external users without an existing RACF user ID and no need for access other than the secured FTP, define their user ID by the following example: F942001 where F=FTP, 942=Cost Center, and 001 is an incremental counter for each external user in the cost center. Once a user ID is established, the external user should use the same user ID for any additional access needs in other FTP directories. No user should have more than one user ID. If a user ID changes at any time, an AARF request should be completed. Any changes to a user such as a user ID or folder access requires an access change in AARF.

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

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# FDOT FILE TRANSFER APPLIANCE – ACCESS REQUEST FTA ADDENDUM

| Company Name:  |  |
|--|--|
| Your Name:   | (Print Name)   |
| _  | (Print Name)   |
| User ID (if you have one):   |  |
| User Phone Number:   |  |
| User Email Address:  |  |
| <ul> <li>Chapter 119, Florida Statutes – Pub</li> <li>Section 281.301, Florida Statutes – S</li></ul> | Safety and Security Services   |
| <ul> <li>Chapter 815, Florida Statutes – Com</li> </ul>  | Security of Data and Information Technology Resources  Iputer Related Crimes  In of Exempt Documents Concerning Department Structures and  |
| <ul> <li>All users are responsible for using controls established by information unauthorized disclosure. The use of the interest of the user's responsibility to protest user's password. Sharing user named that remain inactive for 3.</li> </ul>   | onsible for system security to the degree that his or her job requires. information resources only for FDOT business purposes, to comply with all resource owners and custodians and for protecting information against f the FTA for any activity other than FDOT business is strictly prohibited. ect all passwords from being disclosed and to refuse to accept any other nes and passwords is strictly prohibited.  65 days are deleted from the appliance. Secure links sent to recipients will |
| disciplinary actions up to and include consultants and other entities. Legalaws.   | ent's information security policies or other guidelines may result in ding termination of employment, or contracts for contractors, partners, all actions also may be taken for violations of applicable regulations and/or the FDOT Service Desk via email at: fdot.servicedesk@dot.state.fl.us or by   |
| Note: Only complete this form if you using the FTA.  | do not have an FDOT email account and need the ability to send data  |
| I have read the above information and agree:   | User Signature   |

Phone Number

Phone Number

Signature

Signature

FDOT Security Coordinator

OIT USE ONLY – Request completed by

FDOT Cost Center Manager / CC

Date

Date

Date

### STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

325-060-05 INFORMATION TECHOLOGY 01/19 EDMS Addendum 1 of 1

# ELECTRONIC DOCUMENT MANAGEMENT SYSTEM ACCESS REQUEST

| USER NAME:           |   |                        |   |
|----------------------|---|------------------------|---|
| DOMAIN:              |   |                        | USER ID:  |
| Off-site Consultant  | C Yes C No  |                        |   |
|                      | be purchasing their own lice                                      | nse from Hummingbird   | d)  |
|                      |   |                        |   |
| User Signature:      |   |                        | Date:   |
|                      |   |                        |   |
| BUSINESS AREA:       |   |                        |   |
| Select Only One      |   |                        |   |
| -                    | the edge consent. No esthern                                      |                        | d   |
| -                    | w the document. No other  | ·                      |   |
|                      | t <b>or –</b> Create documents (se<br>ecify each scan station tha |                        | p, rotate, attribute and annotate documents) r:                       |
| Computer Doma        | nin:  | Comput                 | ter Name:   |
|                      |   |                        | y quality of image & document  Dish to archive and sensitive document |
| _                    | ordinator - Capture Opera   | • • •                  |   |
| C Retention Mana     | ager - Decision ability for o                                     | off-line and/or delete | e, re-attributes, annotates, and deletes                              |
|                      | A Hummir  | ngbird license will b  | e required for non-FDOT users.  |
| ARCHIVE (check all t | hat apply)  |                        |   |
| ☐ District 1         | П   | District 4             | ☐ District 7  |
| ☐ District 2         |   | District 5             | <br>□ Turnpike  |
| ☐ District 3         |   | District 6             | ☐ Central Office  |
| Other                |   |                        |   |
|                      |   |                        |   |
|                      |   |                        |   |
| AUTHORIZATION:       |   |                        | DATE:   |
|                      | Signature of: District App  | olication Coordinato   | or  |
| AUTHORIZATION:       |   |                        | DATE:   |

If you need assistance in completing and/or submitting this form, contact your District Information Technology Office or FDOT.servicedesk@dot.state.fl.us

### STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

**SUNPASS SUSTEMS ACCESS REQUEST** 

325-060-05 INFORMATION TECHOLOGY 01/19 Sunpass Addendum 1 of 1

| Drin  | nt User's Name:  |   | Title  |                                     |
|---|--|---|--|-------------------------------------|
| C   | New Hire C Access Change C   | Delete  | Title:   |                                     |
| Pre   | vious or Current User ID (for existing staff only)   | _   |  |                                     |
|   | ,  |   | N INSTRUCTIONS                                   |                                     |
| <ol> <li>2.</li> </ol>                                | At the top of the form, print or type the User's check mark in the appropriate box to indicate in Section 1, enter the Office, Room, Phone, a  | whether the rec                                     | uest is for a new hire or a ch                   | nange to an existing staff member.  |
| 3.  | In Section 2, indicate the access required by p explanation of the acronyms. If MOMS or Aud the "Other - Specify" field.   |   |  |                                     |
|   | Systems  | <br>S   | Servers  |                                     |
|   | FTS = Florida Tol  | ls System   | ASD = Administrative Se                          | ervice Desk                         |
|   | PAS = Patron Acco  | unt System  | SD = Service De                                  | esk                                 |
|   | THS = Ticket S   | System  |  |                                     |
|   | VES = Violation Er   | nforcement  |  |                                     |
|   | WVS = File Prin  | t Server  |  |                                     |
| <ul><li>4.</li><li>5.</li><li>6.</li><li>7.</li></ul> | Complete Section 3 for each system access reneeded and purpose. Attach additional sheets In Section 4, indicate the type of PC used by t In Section 5, obtain the approval signature of the Do not fill in the "Request Processed by" field the access.  | s if necessary.<br>the requestor.<br>the Cost Cente | Manager and the date.                            |                                     |
| Se  | ction 1  |   |  |                                     |
| Off   | ice:   | Poom:   |  | DI                                  |
| Oili  |  | KOOIII.   |  | Phone:                              |
|   | st Center: Cost Center Managers  |   |  |                                     |
|   |  |   |  | Signature Required in Section 5     |
| Cos   |  |   |  |                                     |
| Cos   | ction 2 Cost Center Managers   |   |  | Signature Required in Section 5     |
| Cos   | ction 2 IECK ALL OPTIONS THAT APPLY:   | Name:   | Print Name Here, S                               | Signature Required in Section 5     |
| Cos   | ction 2 IECK ALL OPTIONS THAT APPLY:  PRODUCTION SYSTEMS:  | Name:   | Print Name Here, S  THS                          | Signature Required in Section 5     |
| Cos   | ction 2  ECK ALL OPTIONS THAT APPLY:  PRODUCTION SYSTEMS:   FTS   SERVERS:   ASD   | PAS SD  | THS  VES  WOther – Specify: THS  PLZ  O          | Signature Required in Section 5  VS |
| See CH  | ction 2  PRODUCTION SYSTEMS:   FTS   SERVERS:   ASD   DEVELOPMENT SYSTEMS:   FTS   | PAS   | THS  VES  WOther – Specify: THS  PLZ  O          | Signature Required in Section 5  VS |
| See CH  | ction 2  PRODUCTION SYSTEMS: FTS DEVELOPMENT SYSTEMS: FTS DEVELOPMENT SYSTEMS: FTS CTION 3  ant Authority to (check one) READ  | PAS   | THS  VES  WOther – Specify: THS  PLZ  OTHS PLZ O | Signature Required in Section 5  VS |
| Sec CH Sec Grapur                                     | ction 2  PRODUCTION SYSTEMS: FTS DEVELOPMENT SYSTEMS: FTS DEVELOPMENT SYSTEMS: FTS CTION 3  ant Authority to (check one) READ  | PAS   | Print Name Here, S  THS                          | Signature Required in Section 5  VS |
| See Grapur  | ction 2    PRODUCTION SYSTEMS:   FTS   SERVERS:   ASD   TESTING SYSTEMS:   FTS   TESTING SYSTEMS:   TESTING SYS | PAS   | Print Name Here, S  THS                          | Signature Required in Section 5  VS |
| See CH See Grapur Note PC Per Sta                     | ction 2   ECK ALL OPTIONS THAT APPLY:   PRODUCTION SYSTEMS:  | PAS   | Print Name Here, S  THS                          | Signature Required in Section 5  VS |
| See CH See Grapur Note PC Per Sta                     | CCTION 2    CECK ALL OPTIONS THAT APPLY:    PRODUCTION SYSTEMS:  | PAS   | Print Name Here, S  THS                          | Signature Required in Section 5  VS |
| See Gra Pur Note See PC Sta                           | ction 2   ECK ALL OPTIONS THAT APPLY:   PRODUCTION SYSTEMS:  | PAS   | Print Name Here, S  THS                          | Signature Required in Section 5  VS |

<sup>\*</sup>Signature required BEFORE access is granted