



**NOAA Corporate Services
RSA Token Request Form**

New Token Replacement Token Reason for Replacement:

Employee Name: _____ Email: _____ Tel. No: _____

CBS User ID: _____ Staff Office: _____ Line Office : _____

Street Address: _____ City: _____ State: ____ Zip: _____

Employee has does not have CAC/PIN.

Primary Worksite Computer Type used to access CBS: Laptop Desktop Workstation

Primary Worksite Computer has does not have HSPD12 capability (CAC/PIV card reader).

Primary Computer Operating System: Windows MAC OS UNIX/LINUX

Reason Employee Requires RSA Token:

Completing your request: After signing please save and send this form and the Remote Access User Security Agreement as an email attachment to your supervisor.

Employee Signature

Date

SUPERVISOR: Approval for this request as Supervisor. Please save and send this form and the Remote Access User Security Agreement as an email attachment to RSAAdmin@noaa.gov

Supervisor Print Name

Supervisor Signature

Date