



### NOAA C.SUITE ACCESS FORM

All requesters must be entered in the NOAA or DOC Staff Directory prior to obtaining access to NOAA Acquisition Systems . Submissions and updates to the NOAA Staff Directory can be sent to [noaa.staff.directory@noaa.gov](mailto:noaa.staff.directory@noaa.gov).

Date of Request: \_\_\_\_\_ New Account: **Y**    **N**    Deactivated Account: **Y**    **N**  
 If Deactivated Account, Login ID: \_\_\_\_\_  
 Requester Name: \_\_\_\_\_ Employee Type: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Title: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_  
 Role: \_\_\_\_\_ Line Office: \_\_\_\_\_  
 Are you a Supervisor? **Y**    **N**    Are you a Field Delegate/FD in training? **Y**    **N**  
 If Yes, please attach a list of those you will be supervising. Field Delegate Line Office: \_\_\_\_\_  
 Are you a COR? **Y**    **N**    Do you certify funds? **Y**    **N**

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**MANDATORY FOR ALL REQUESTERS - SECURITY AWARENESS COURSE (Signature Required/ Must Acknowledge)**

*I acknowledge that I have completed the mandatory NOAA Cybersecurity Awareness & Privacy Training Course.*

Requester signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**REQUISITIONER ONLY (Signature Required/ Must Acknowledge)**

*I acknowledge that when I create a requisition I am required to share that requisition with a BFNC for a particular purchase.*

Requester signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**BONA FIDE NEED CERTIFIER (BFNC) ONLY (Signature Required/ Must Acknowledge)**

*I acknowledge that I am authorized to certify the bona fide need for a particular purchase.*

Requester signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FUND CERTIFYING OFFICIAL (FCO) ONLY (Signature Required/ Must Acknowledge, CFO signature required on page 2)**

*I acknowledge that I am authorized to certify the availability of funds and the suitability of their use for a particular purchase.*

Requester signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**AGO STAFF ONLY**

AGO OFFICE: \_\_\_\_\_

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**CONTRACTING OFFICER (INCLUDING FIELD DELEGATE) ONLY**

Select Warrant Level: \_\_\_\_\_ *\*Must submit copy of warrant with request*

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### APPROVALS

#### **FOR ALL REQUESTERS/APPLICANTS**

*The supervisor's signature below certifies that the requester is authorized to access NOAA Acquisition Systems.*

Supervisor Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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#### **FUND CERTIFYING OFFICIAL (FCO) ONLY**

*The Line Office Chief Financial Officer's (CFO) signature below certifies that the requester is authorized to access NOAA Acquisition Systems and is authorized to certify the availability of funds. The NOAA CFO needs to sign for any Staff Office.*

CFO Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
CFO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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#### **DOCUMENT APPROVER ONLY (No other roles will be granted)**

*The supervisor's signature below certifies that the requester is authorized to access NOAA Acquisition Systems and is able to review and approve a requisition.*

Supervisor Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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#### **AGO STAFF ONLY**

HCO/Deputy Director/Branch Chief Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
HCO/Deputy Director/Branch Chief Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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#### **FIELD DELEGATE or FIELD DELEGATE IN TRAINING ONLY**

Field Delegate Coordinator Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Field Delegate Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*Submit signed requests with a copy of Security Awareness Course Certificate (and a copy of Warrant if applicable) to the Client Services CBS Help Desk via email to [clientservices@noaa.gov](mailto:clientservices@noaa.gov). If you have any questions, email the Client Services CBS Help Desk at [clientservices@noaa.gov](mailto:clientservices@noaa.gov) or call 301-444-3400 – Option 3.*

**FOR OFFICIAL USE  
ONLY**