

December 2011

## C.SUITE USER ACCESS REQUEST FORM

All users must be entered in the NOAA or DOC Staff Directory prior to requesting access to the AGO Systems applications. 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: \_\_\_\_\_

Requester's Name: \_\_\_\_\_

Employee Type: \_\_\_\_\_

Email Address: \_\_\_\_\_

Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_

Role: \_\_\_\_\_

Line Office: \_\_\_\_\_

Are you a Supervisor? **Y**            **N**

If Yes, please attach a list of those you will be supervising.

Are you a COTR? **Y**            **N**

Do you Certify Funds? **Y**            **N**

Are you a Field Delegate? **Y**            **N**

Field Delegate Line Office: \_\_\_\_\_

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**AGO STAFF ONLY**

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

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**CONTRACTING OFFICERS & WARRANTED FIELD DELEGATES ONLY**

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

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*The user's signature certifies that they have completed the mandatory IT Security Awareness Course.*

Requester's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Approval Section**

*The appropriate signatures below certify that the requester is authorized to maintain current access to AGO Systems.*

Supervisor's Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**AGO STAFF ONLY**

HCO/Deputy Director/Branch Chief's Name: \_\_\_\_\_

HCO/Deputy Director/Branch Chief's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**FIELD DELEGATES ONLY**

Field Delegate Coordinator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Sharon Tyson)

Submit signed requests and a copy of Warrant to the Client Services CBS Help Desk via FAX on 301-444-3401. 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**