## **CAMS USER ID REQUEST FORM**

## **ALLOW 3-5 DAYS FOR CAMS/ITC PROCESSING**



NOTE: All users must be entered in the NOAA Locator prior to requesting access to CAMS. Submissions and updates to the NOAA Locator can be sent to <a href="mailto:noaa.locator@noaa.gov">noaa.locator@noaa.gov</a>.

Date of Request:	
Access:	
Requested Action: Entity Type:	Specify:
Entity Type.	Specify.
NOTE: If you are not a NOAA employee, you will be c	ontacted for your Social Security Number
User's Name:	
Office Phone:	Office Fax:
Line Office:	Routing Code:
Office Address:	
E-mail Address:	
Servicing Administrative Support Center:	
Supervisor's Name:	Office Phone:
Supervisor's Signature:	Date:
(Electronic submissions must be forwarde	ed by the Supervisor to serve as the Supervisor's signature and approval.)
Sys. Adm.'s Name:	Office Phone:
· .	low, please select the appropriate user role for the CAMS module which you are requesting access.
Accounts Payable:	General Ledger:
Accounts Payable Interfaces:	Cost Accumulation:
Budget:	Labor:
Data Warehouse:	Personal Property:
Grants:	Real Property:
Accounts Receivable:	Loans:
Reimbursable Agreements:	Special User: (Specify)
Commerce Purchase Card System:	
Application Manager: Client Serv	rices Office Phone:301-427-1023

Submit signed requests to the CAMS Client Services Help Desk via **FAX on 240-632-2886**. E-mail submissions require Adobe Acrobat software and must be forwarded by the user's Supervisor to serve as the Supervisor's signature and approval. Forward e-mail submissions to <a href="mailto:clientservices@noaa.gov">clientservices@noaa.gov</a>.