



Application for TOMIS Account OFM Information Systems

Deliver to SA-33, Room 226 or submit an OFM TOMIS Request service ticket with this form attached,
at the IT Services Online homepage, URL: "ITservicesonline.irm.state.sbu"

Section A: User Identification-To be completed by User or Manager			
1. Last Name	First Name	Middle Initial	
2. Agency/Office	3. Email	4. Job Function	
5. Telephone	6. Type of Clearance		
	<input type="checkbox"/> Secret <input type="checkbox"/> Top Secret		
7. Request Service (Please check where appropriate)			
<input type="checkbox"/> Login ID (New) <input type="checkbox"/> Add or Reduce Access to System Resource <input type="checkbox"/> Delete/Terminate Account <input type="checkbox"/> 24 Hour Access <i>(e.g., application, transactions)</i> <input type="checkbox"/> Change Expiration Date <input type="checkbox"/> Business Hours Only <input type="checkbox"/> Other			
8. New Account Information			
a. Identify existing TOMIS User account to mirror/copy roles and privileges for this new TOMIS account. Existing TOMIS User account's User-ID: _____ . b. If this account is for a limited term employee; e.g. intern, enter new TOMIS User account's planned de-activation date: _____ .			
Section B: Request for Access-To be completed by Program or Office Director			
1. OFM Access Types (Check all that apply)	2. Region		
<input type="checkbox"/> TOMIS System <input type="checkbox"/> Diplomatic Query System <input type="checkbox"/> Other _____	<input type="checkbox"/> Washington, DC <input type="checkbox"/> San Francisco, CA <input type="checkbox"/> New York, NY <input type="checkbox"/> Houston, TX <input type="checkbox"/> Chicago, IL <input type="checkbox"/> Miami, FL <input type="checkbox"/> Los Angeles, CA <input type="checkbox"/> Other _____		
3. TOMIS Access: Check appropriate box(es)			
Protocol: S/CPR			
<input type="checkbox"/> Director	Customs: OFM		
<input type="checkbox"/> Supervisor	<input type="checkbox"/> Director	Tax: OFM	
<input type="checkbox"/> Program Officer	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Director	Administrative: S/CPR and OFM
<input type="checkbox"/> Quality Control	<input type="checkbox"/> Program Officer	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Protocol Administrator
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Program Officer	<input type="checkbox"/> Custom
<input type="checkbox"/> View Only	<input type="checkbox"/> View Only	<input type="checkbox"/> Quality Control	<input type="checkbox"/> Tax Administrator
Driver Services: OFM	Registration: OFM	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Driver Services Administrator
<input type="checkbox"/> Director	<input type="checkbox"/> Director	<input type="checkbox"/> View Only	<input type="checkbox"/> Insurance Administrator
<input type="checkbox"/> Supervisor	<input type="checkbox"/> Supervisor	Insurance: OFM	<input type="checkbox"/> Registration
<input type="checkbox"/> Program Officer	<input type="checkbox"/> Program Officer	<input type="checkbox"/> Director	<input type="checkbox"/> View Only
<input type="checkbox"/> Quality Control	<input type="checkbox"/> Quality Control	<input type="checkbox"/> Supervisor	
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Program Officer	
<input type="checkbox"/> View Only	<input type="checkbox"/> View Only	<input type="checkbox"/> Data Entry	
		<input type="checkbox"/> View Only	

Section C: Authorization

1. Applicant Acknowledgement

I understand that I am authorized to access only the resources identified above and that accessing them for purposes beyond my scope of authorization is a violation of Federal Law (18 U.S.C. § 1030, et. al., the Privacy Act). I will not divulge my password(s) to anyone else; I understand that I may be held responsible for any harm resulting from divulging my password(s) to any other person(s). I further understand that I must report to the Information Systems Security Officer (ISSO) any problem I may encounter in the use of the password(s) or when I have reason to believe that my password(s) has (have) been disclosed. I also recognize that these access privileges will be revoked upon separation, retirement, reassignment of duties, change of organization or when determined by the ISSO to be in the best interest of the Government. I have read and understand the above statement and agree to follow the terms therein.

Applicant Signature _____

Date _____

2. Authorizing Official Acknowledgement

The applicant listed on this form is a member of the Office of Foreign Missions staff (or a Bureau or Office that requires access to OFM data) and is hereby authorized access to the OFM data resources identified herein. In the event that the individual identified on this application does not hold an active Department of State security clearance, I recognize that the applicant introduces risk by not having a Secret clearance. I accept full responsibility for the actions of an uncleared applicant until the clearance has been processed. I understand and accept the responsibility and the risk to the Department, and all the Department's automated information systems, for the individual.

Name _____
Program or Office Director

Signature _____

Telephone _____

Office Symbol _____

Date _____

3. OFM ISSO/ Applicant Security Officer

Access Approved

Access Denied

Name _____

Signature _____

Telephone _____

Office Symbol _____

Date _____

Section D: For Systems Use Only

System Access Type	Access System Information
TOMIS	Logon ID Assigned _____ Completed by _____ Date _____
DQS	Logon ID Assigned _____ Completed by _____ Date _____
Other	Logon ID Assigned _____ Completed by _____ Date _____