

Transportation Electronic Award Management System (TEAM)

Staff/Contractor/Auditor

User Access Request

Check Applicable Box:	New User <input type="checkbox"/>	Modify User <input type="checkbox"/>		Delete User <input type="checkbox"/>
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Warning: The information contained in this form is protected under Public Law 93-579, Privacy Act.

USER INFORMATION

	Gender* <input type="checkbox"/> M / <input type="checkbox"/> F (Optional)
First Name* _____	Office Phone* _____
M/I _____	SSN (Last 4 Digits)* _____
Last Name* _____	FAX Number _____
Title _____	Authorizing Official/Supervisor* _____
Organization Name* _____	Title _____
Email Address* _____	
Mailing Address(Street Number, City, State and ZIP Code)* _____	

*This information is required to establish or modify your TEAM user account. By completing this form, you expressly attest that information provided is true and complete to the best of your knowledge. Invalid information will be grounds for refusal to establish a new user account or the basis for deletion of an existing TEAM account.

APPLICATION ACCESS (Check all that apply).

Budget Functions <input type="checkbox"/> Award <input type="checkbox"/> Deobligate <input type="checkbox"/> Approve Budget Revision <input type="checkbox"/> Maintain Projects <input type="checkbox"/> Civil Rights <input type="checkbox"/> Financial Purpose Transfers <input type="checkbox"/> Legal Concurrence	Accounting Functions <input type="checkbox"/> Maintain Funds Control <input type="checkbox"/> Approve Advice <input type="checkbox"/> Approve Operating Budget Other Functions <input type="checkbox"/> Help Desk <input type="checkbox"/> Local Security Officer <input type="checkbox"/> Approve Advice <input type="checkbox"/> Auditor Access (Inquiry Only) <input type="checkbox"/> Other Rights (Please Describe) _____	Cost Center (s) (Indicate Below) _____ _____ _____
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ACKNOWLEDGMENT OF RULES OF CONDUCT FOR SYSTEM USE

As a TEAM user, I understand that I am personally responsible for the use and misuse of my TEAM login ID and password. I understand that by requesting TEAM access and accepting/using such access that I must comply with the following:

1. When downloading sensitive information, I will ensure that the information has the same level of protection as FTA applications.
2. I will not permit anyone to use my TEAM access information (i.e. user ID, password or other authentication). My password (or other authentication) will be kept private, not stored in a place that is accessible by anyone other than the myself (i.e. family members, friends, etc.). If stored, the password will not be in text format.
3. I will follow standard password procedures and change my password every ninety (90) days. My passwords will be at least eight (8) alphanumeric characters and contain at least one (1) capital letter and one (1) number.
4. I will report any security problems and anomalies in system performance to the Help Desk Customer Support Center.
5. I will notify the Help Desk Support Center to eliminate my TEAM access in the event of job transfer, termination, or if TEAM access is no longer needed.
6. I understand that if I am not using FTA-supplied equipment and FTA suffers a security breach or compromise that is my fault, I may be required to allow access to my equipment by authorized representatives of the Federal Government to determine the causes and to take corrective action(s).

I agree to and will comply with all of these conditions and understand that failure to do so will result in permanent removal of my TEAM access, and may result in other disciplinary or legal action. By signing my name in the space below, I hereby acknowledge this agreement, and certify that I understand the preceding terms and provisions and that I accept the responsibility of adhering to the same.

Signature _____ Date / / Printed Name _____

RECIPIENT ORGANIZATION AUTHORIZATION

The individual named above is hereby authorized to perform the duties indicated in the TEAM System.

Requesting Electronic Signature: NO YES (Must complete/submit Designation of Signature Authority on Organization/Agency Letterhead).

Signature _____ Date / / Printed Name _____

FTA AUTHORIZATION

FTA Functional Approval:

Signature of Authorizing Official _____ Date / /
 Printed Name _____
 Title / Office _____

FTA Operational Approval:

Signature of Authorizing Official _____ Date / /
 Printed Name _____
 Title / Office _____

TEAM User ID: _____
 Date Processed: / /