

# Transportation Electronic Award Management System (TEAM)

## Staff/Contractor/Auditor User Access Request

<b>Check Applicable Box:</b>	<input type="checkbox"/> New User With Pin <input type="checkbox"/> New User Without Pin	<input type="checkbox"/> Modify User <input type="checkbox"/> Delete User	<b>Username</b> _____
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Warning: The information contained in this form is protected under Public Law 93-579, Privacy Act.

### USER INFORMATION

	Gender	M / F (Optional)
First Name* _____	M/I _____	Last Name* _____
		Office Phone* _____
		SSN (Last 4 Digits)* _____
Title _____		FAX Number _____
Organization Name* _____		Email Address* _____
Mailing Address(Street Number, City, State and ZIP Code)* _____		
		FTA Functional Approval MUST be provided below (see instructions for required approvals and where to submit this form)

\*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).

<b>Budget Functions</b>	<b>Accounting Functions</b>	
<input type="checkbox"/> Award (PIN Required)	<input type="checkbox"/> Maintain Funds Control (PIN Required)	Cost Center (s) (Indicate Below)
<input type="checkbox"/> Deobligate	<input type="checkbox"/> Approve Advice (PIN Required)	_____
<input type="checkbox"/> Approve Budget Revision	<input type="checkbox"/> Approve Operating Budget (PIN Required)	_____
<input type="checkbox"/> Maintain Projects		_____
<input type="checkbox"/> Civil Rights		_____
<input type="checkbox"/> Financial Purpose Transfers	<b>Other Functions</b>	<b>Database</b>
<input type="checkbox"/> Legal Concurrence	<input type="checkbox"/> Help Desk	<input type="checkbox"/> Production
<input type="checkbox"/> Earmark Management	<input type="checkbox"/> Local Security Manager	<input type="checkbox"/> Quality Assurance
<input type="checkbox"/> Earmark Administration	<input type="checkbox"/> Auditor Access (Inquiry Only)	<input type="checkbox"/> Both Production and QA
<input type="checkbox"/> Earmark HQ Manager	<input type="checkbox"/> Other Rights (Please Describe) _____	
<input type="checkbox"/> Earmark Financial Manager	<i>(Underlined Functions require special authorizations. See instructions).</i>	

### 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 appropriate FTA Office.
5. I will notify the appropriate FTA Office to eliminate my TEAM access in the event of job transfer, termination, or if TEAM access is no longer required.
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 _____
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### FTA AUTHORIZATIONS

<b>FTA Functional Approvals, if required by Access Reques</b>	<b>FTA Operational Approval</b>
Supervisor/Program Manager Authorization Name/Signature _____	Date _____
TCR Authorization Name/Signature _____	Date _____
TCC Authorization Name/Signature _____	Date _____
TBP Authorization Name/Signature _____	Date _____
TPM Authorization Name/Signature _____	Date _____
TAD Authorization Name/Signature _____	Date _____
	Signature of Local Security Manager _____
	Printed Name _____
	Title / Office _____
	____/____/____
	Date Processed      UserID      PIN