

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
**FDOT COMPUTER SECURITY ACCESS REQUEST (CSAR) FOR
CORPORATE ACCOUNTS**

325-060-06
INFORMATION TECHNOLOGY
06/17

Company Name: _____
Company FEI Number: _____
User Name: _____
User Phone Number: _____
User Email Address: _____

Request Access: New Account Deletion Name Change

If requesting a Deletion or Name Change:

Existing User ID: _____ Old User Name: _____

User's Acceptance of Conditions:

By signing below, I signify that I have read and understand that I am subject to all the provisions of:

- Executive Office of the Governor Memorandum – 1998-01, Information Resource Security Policy
- Chapter 119, Florida Statutes, Public Records
- Section 281.301, Florida Statutes – Safety and Security Services
- Chapter 282, Florida Statutes – Communications and Data Processing
- Section 282.318, Florida Statutes – Security of Data and Information Technology Resources
- Chapter 815, Florida Statutes – Computer Related Crimes
- Procedure 050-020-026 - Distribution of Exempt Public Documents Concerning Department Structures and Security System Plans

I understand that every employee is responsible for systems security to the degree that his or her job requires the use of information and associated systems. All users are responsible for using information resources only for the purposes for which they are intended, to comply with all controls established by information resource owners and custodians and for protecting sensitive information against unauthorized disclosure. I also understand that it is the user's responsibility to protect all of his or her passwords from being disclosed and to refuse to accept any other user's password.

I also understand that signing below indicates that I have read and completed the following:

FDOT Security's New Employee Required Reading: <http://www.dot.state.fl.us/computersecurity/ITpolicies.htm>

Computer Security Awareness for New Employees - Course and Quiz

<http://www.dot.state.fl.us/ComputerSecurity/swf/new-user-2004-08/csa-newuser.html>

Macromedia Flash player required for coursework and quiz:

http://www.macromedia.com/shockwave/download/download.cgi?P1_Prod_Version=ShockwaveFlash

User's Signature: _____

Consultant Administrator Name: _____

Consultant Administrator Signature: _____

Central Office Security Office Only

Userid: _____	Account Number: _____
Entered By: _____	Date Entered: _____