

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**FDOT COMPUTER SECURITY ACCESS REQUEST**

325-060-05  
 INFORMATION TECHNOLOGY  
 01/19

**User Information:** Name: \_\_\_\_\_  
 Existing User ID (If applicable): \_\_\_\_\_ Contact Phone (Required): \_\_\_\_\_  
 Cost Center#/Name: \_\_\_\_\_ / \_\_\_\_\_  
 User's Email: \_\_\_\_\_ User's Phone: \_\_\_\_\_

**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:

- 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 Documents Concerning Department Structures and Confidential and Exempt Security System

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:**

<https://www.fdot.gov/cybersecurity/ITPoliciesandStatutes.shtm>

**New User Security Awareness CBT – Course and Quiz**

<https://www.fdot.gov/cybersecurity/SecurityAwarenessCourse.shtm>

User's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Request Type:**     New User     Name Change     Access Change     Termination     Transfer

**(If Termination or Transfer, please enter the information requested below)**

Effective Date: \_\_\_\_\_ Effective Time: \_\_\_\_\_

Person Responsible for cleaning up employee's Mainframe Catalog: \_\_\_\_\_

Name: \_\_\_\_\_ User ID: \_\_\_\_\_ Phone: \_\_\_\_\_

**New Account Type:** (If New User/Transfer was selected above, please indicate the type of account being requested.)

- Employee/OPS     Consultant/Contractor     Generic/Service     Outside Agency     FTP Only  
 Other (Please explain): \_\_\_\_\_

**Type of Computer Access Requested:**

- |   |   |
|---|---|
| <input type="checkbox"/> Mainframe <b>(Required for New User)</b> | <input type="checkbox"/> EDMS    (Must complete the EDMS Addendum)            |
| <input type="checkbox"/> Email                                    | <input type="checkbox"/> FTP    (Must complete the FTP Addendum)              |
| <input type="checkbox"/> Dial-In (RAS)                            | <input type="checkbox"/> FTA    (Must complete the FTA Addendum)              |
| <input type="checkbox"/> CITS                                     | <input type="checkbox"/> SUNPASS    (Must complete the Sunpass Addendum)      |
| <input type="checkbox"/> Metaframe/Citrix _____                   | <input type="checkbox"/> VPN    (Must complete the VPN/Wireless VPN Addendum) |

(Please Specify)

DOMAIN AND/OR LAN ACCESS: \_\_\_\_\_ OU: \_\_\_\_\_

AD Groups: (Please provide details) \_\_\_\_\_

Other Security Access: (Please provide details) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
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**Managerial Approval:**

Supervisor's Name: \_\_\_\_\_  
Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Cost Center Manager's Name: \_\_\_\_\_  
Cost Center Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Security Coordinator's Name: \_\_\_\_\_  
Security Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Consultant/Contractor Access Only:**

DOT Project Manager's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
DOT Project Manager's Email Address: \_\_\_\_\_  
DOT Project Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Consultant Company Name: \_\_\_\_\_ Vendor #: \_\_\_\_\_  
Project #: \_\_\_\_\_

Project Start Date: \_\_\_\_\_ Project End Date: \_\_\_\_\_  
Consultant Representative's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Consultant Representative's Title: \_\_\_\_\_  
Consultant Representative's Email Address: \_\_\_\_\_  
Consultant Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Services and Programs: *(Include the location of access and include the address if connectivity is not from a DOT Office or District or from the address indicated above.)*

DOT Project Manager/Professional Service Unit Authorization: \_\_\_\_\_

**Additional Comments:**

**Routing Instructions: (Please enter all necessary information.)**

- LAN/AD/DOMAIN Administrator(s) Name: \_\_\_\_\_
- CSA Authority \_\_\_\_\_
- Email Administrator \_\_\_\_\_
- Other \_\_\_\_\_

**Explanation of Acronyms:**    VPN=Virtual Private Network    FTP=File Transfer Protocol    FTA=File Transfer Appliance  
   CITS=Consultant Invoice Tracking System    RAS=Remote Access Server    CSA=Computer Security Administrator  
   AD=Active Directory    LAN=Local Area Network

**For Security Office Use Only:**

New User ID: \_\_\_\_\_ Account Number: \_\_\_\_\_ Default Group: \_\_\_\_\_  
Added to the System by: \_\_\_\_\_ Date: \_\_\_\_\_



STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**FDOT FILE TRANSFER APPLIANCE – ACCESS REQUEST**  
**FTA ADDENDUM**

325-060-05  
INFORMATION TECHNOLOGY  
01/19

**Company Name:** \_\_\_\_\_  
(Print Name)

**Your Name:** \_\_\_\_\_  
(Print Name)

**User ID (if you have one):** \_\_\_\_\_

**User Phone Number:** \_\_\_\_\_

**User Email Address:** \_\_\_\_\_

**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:

- **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 Documents Concerning Department Structures and Confidential and Exempt Security System**
- I understand that each user is responsible for system security to the degree that his or her job requires.
- All users are responsible for using information resources only for FDOT business purposes, to comply with all controls established by information resource owners and custodians and for protecting information against unauthorized disclosure. The use of the FTA for any activity other than FDOT business is strictly prohibited.
- It is the user's responsibility to protect all passwords from being disclosed and to refuse to accept any other user's password. Sharing user names and passwords is strictly prohibited.
- Accounts that remain inactive for 365 days are deleted from the appliance. Secure links sent to recipients will expire within 30 days.
- All files placed on the FTA are subject to review for audit purposes.
- Failure to comply with the Department's information security policies or other guidelines may result in disciplinary actions up to and including termination of employment, or contracts for contractors, partners, consultants and other entities. Legal actions also may be taken for violations of applicable regulations and/or laws.
- All problems should be reported to the FDOT Service Desk via email at: [fdot.servicedesk@dot.state.fl.us](mailto:fdot.servicedesk@dot.state.fl.us) or by phone at 386-943-5555/toll-free at 866-955-4357.

**Note: Only complete this form if you do not have an FDOT email account and need the ability to send data using the FTA.**

**I have read the above information and agree:**

\_\_\_\_\_  
User Signature

\_\_\_\_\_  
FDOT Cost Center Manager / CC Phone Number Signature Date

\_\_\_\_\_  
FDOT Security Coordinator Phone Number Signature Date

\_\_\_\_\_  
**OIT USE ONLY – Request completed by** Date

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**ELECTRONIC DOCUMENT MANAGEMENT SYSTEM**  
**ACCESS REQUEST**

325-060-05  
INFORMATION TECHNOLOGY  
01/19  
EDMS Addendum 1 of 1

**USER NAME:** \_\_\_\_\_

**DOMAIN:** \_\_\_\_\_ **USER ID:** \_\_\_\_\_

Off-site Consultant  Yes  No

(An offsite consultant will be purchasing their own license from Hummingbird)

**User Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**BUSINESS AREA:** \_\_\_\_\_

**Select Only One**

- View** – Only view the document. No other actions can be performed.
- Capture Operator** – Create documents (scan, import, cleanup, rotate, attribute and annotate documents)  
If applicable, specify each scan station that will be used below:  
Computer Domanin: \_\_\_\_\_ Computer Name: \_\_\_\_\_
- Index Operator** – Capture Operator, Delete documents, Verify quality of image & document
- QC Reviewer** – Annotates, re-attributes, insure accuracy, publish to archive and sensitive document
- Application Coordinator** - Capture Operator + Index Operator + QC Reviewer
- Retention Manager** - Decision ability for off-line and/or delete, re-attributes, annotates, and deletes

A Hummingbird license will be required for non-FDOT users.

**ARCHIVE** (check all that apply)

- |                                      |                                     |   |
|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> District 1  | <input type="checkbox"/> District 4 | <input type="checkbox"/> District 7     |
| <input type="checkbox"/> District 2  | <input type="checkbox"/> District 5 | <input type="checkbox"/> Turnpike       |
| <input type="checkbox"/> District 3  | <input type="checkbox"/> District 6 | <input type="checkbox"/> Central Office |
| <input type="checkbox"/> Other _____ |                                     |   |

**AUTHORIZATION:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Signature of: District Application Coordinator

**AUTHORIZATION:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

If you need assistance in completing and/or submitting this form, contact your District Information Technology Office or [FDOT.servicedesk@dot.state.fl.us](mailto:FDOT.servicedesk@dot.state.fl.us)

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**SUNPASS SYSTEMS ACCESS REQUEST**

325-060-05  
 INFORMATION TECHNOLOGY  
 01/19  
 Sunpass Addendum 1 of 1

Print User's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 New Hire     Access Change     Delete

Previous or Current User ID (for existing staff only): \_\_\_\_\_

**COMPLETION INSTRUCTIONS**

1. At the top of the form, print or type the User's name, title and if the requestor is an existing staff member enter the User ID. Place a check mark in the appropriate box to indicate whether the request is for a new hire or a change to an existing staff member.
2. In Section 1, enter the Office, Room, Phone, and Cost Center Manager's Name in the spaces indicated.
3. In Section 2, indicate the access required by placing a check in the box next to name of the system(s). See the following explanation of the acronyms. If MOMS or Audit access is required, please enter the name of an existing user with similar access in the "Other - Specify" field.

Systems	Servers
FTS = Florida Tolls System	ASD = Administrative Service Desk
PAS = Patron Account System	SD = Service Desk
THS = Ticket System	
VES = Violation Enforcement	
WVS = File Print Server	

4. Complete Section 3 for each system access requested in Section 3 above; indicate the type of access (read, write, execute or delete) needed and purpose. Attach additional sheets if necessary.
5. In Section 4, indicate the type of PC used by the requestor.
6. In Section 5, obtain the approval signature of the Cost Center Manager and the date.
7. Do not fill in the "Request Processed by" field or the "User ID Created or Modified" field this will be completed by those who establish the access.

**Section 1**

Office: \_\_\_\_\_ Room: \_\_\_\_\_ Phone: \_\_\_\_\_

Cost Center: \_\_\_\_\_ Cost Center Managers Name: \_\_\_\_\_

Print Name Here, Signature Required in Section 5

**Section 2**

**CHECK ALL OPTIONS THAT APPLY:**

**PRODUCTION SYSTEMS:**     FTS     PAS     THS     VES     WVS     Other – Specify: \_\_\_\_\_

**SERVERS:**     ASD     SD     Other – Specify: \_\_\_\_\_

**DEVELOPMENT SYSTEMS:**     FTS     PAS     THS     PLZ     Other – Specify: \_\_\_\_\_

**TESTING SYSTEMS:**     FTS     PAS     THS     PLZ     Other – Specify: \_\_\_\_\_

**Section 3**

Grant Authority to (check one)     READ     WRITE     EXECUTE     DELETE

Purpose: \_\_\_\_\_

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*Note: Only System ADMINISTRATORS are allowed to DELETE system and application FILES*

**Section 4**

**PC Information**

Personal Computer Type: \_\_\_\_\_ Model: \_\_\_\_\_ Memory: \_\_\_\_\_ Operating System: \_\_\_\_\_

State Tag #: \_\_\_\_\_ Work Station Mac Address: \_\_\_\_\_

**Section 5**

**Authorization, Approval and Account Setup \***

\_\_\_\_\_ Date \_\_\_\_\_

Cost Center Manager Signature

User ID and Date Established or Modified \_\_\_\_\_ Request Processed by \_\_\_\_\_ Date \_\_\_\_\_

\*Signature required BEFORE access is granted