

ISSUED
WDS Access Request Form

EA08NT1003-1-0, WDS Access Request Form, must be filled out completely and a sponsoring individual (candidate user's manager or supervisor) must approve a Waste Data System (WDS) account by signing this document.

Requests for connection to WDS through internal or external methods must be reviewed and approved before access is granted to the system.

User Information

User _____
Print Name Signature Date

Company/Primary Location _____

Office Phone _____ Cell Phone _____

Mailing Address _____

Email Address _____

Approving Sponsor _____
Print Name Title

United States Citizen Yes No

Statement of Need

Access Requested

- | | | |
|--|--|--|
| <input type="checkbox"/> General WIPP User | <input type="checkbox"/> Acceptable Knowledge | <input type="checkbox"/> Environmental Protection Agency |
| <input type="checkbox"/> Business Reports | <input type="checkbox"/> Shipment Confirmation | <input type="checkbox"/> Transportation Certification Official |
| <input type="checkbox"/> Carlsbad Field Office | <input type="checkbox"/> New Mexico Environmental Department | <input type="checkbox"/> Transportation Subject Matter Expert |
| <input type="checkbox"/> Chemicals Administrator | <input type="checkbox"/> Packaging Administration | <input type="checkbox"/> Waste Certification Official |
| <input type="checkbox"/> Data Administration | <input type="checkbox"/> Safety/Emergency Response | <input type="checkbox"/> WIPP Operations Department |
| <input type="checkbox"/> Report Builder | <input type="checkbox"/> AD-Hoc Query | <input type="checkbox"/> Script Interface Access |

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Review and Approval

The approving sponsor is responsible for ensuring the user is qualified for access role requested. If user's qualification status changes, it is the approving sponsor's responsibility to notify the WDS Data Administrator, who will re-evaluate user's access in the WDS.

Sponsor

Review/Approval _____
Print Name Signature Date

I understand I am responsible for protecting my assigned user account and password for confidentiality, and ensuring no one except me gains access to WIPP/DOE computer systems with my assigned User ID and password.

I will report any change in my assigned duties. I understand that disclosure of or failure to safeguard sensitive data is prohibited. I understand failing to comply with policies and procedures described therein may be subject to disciplinary action.

I understand I have no expectation of privacy (implied or otherwise) and that the user of DOE computer resources is subject to monitoring and review by authorized personnel.

I understand unauthorized use of Government property is prohibited by Law (Section 641, Title 18 U.S.C.) and could result in disciplinary action.

User _____
Print Name Signature Date

After this form is complete, scan as a pdf format (*.pdf) and return via email to WDS Data Administrator for review at DL_WDS_DA@wipp.ws or print a hard copy and mail to:

WDS Data Administrator
MA GSA-210
P.O. Box 2078
Carlsbad, NM 88221

If you have questions, comments, or concerns, please contact the WDS Team Lead, Michael Valentine, at (575) 234-7470 or by email to DL_WDS_DA@wipp.ws.