

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 electronically signing this document.

Requests for connection to WDS must be reviewed and approved before access is granted to the system.

User Information

User: _____
Name Date

Company/Primary Location: _____

Office Phone: _____ Cell Phone: _____

Mailing Address: _____

Email Address: _____

Approving Sponsor: _____
Name Title

United States Citizen YES NO

Statement of Need

Blank area for Statement of Need.

Access Requested

- | | | |
|--|---|---|
| <input type="checkbox"/> Acceptable Knowledge | <input type="checkbox"/> Carlsbad Field Office | <input type="checkbox"/> CBFO Editorial |
| <input type="checkbox"/> CBFO Manager | <input type="checkbox"/> CBFO QA | <input type="checkbox"/> CBFO Technical |
| <input type="checkbox"/> CP Manager | <input type="checkbox"/> CP Reviewer | <input type="checkbox"/> Data Administration |
| <input type="checkbox"/> Document Owner | <input type="checkbox"/> Environmental Protection Agency | <input type="checkbox"/> General WIPP User |
| <input type="checkbox"/> MC&A Approver | <input type="checkbox"/> New Mexico Environment Department | <input type="checkbox"/> Packaging Administration |
| <input type="checkbox"/> Records Coordinator | <input type="checkbox"/> Shipment Confirmation | <input type="checkbox"/> Site Docs |
| <input type="checkbox"/> Transportation Certification Official | <input type="checkbox"/> Transportation Subject Matter Expert | <input type="checkbox"/> Waste Certification Official |
| <input type="checkbox"/> WIPP Operations Department | | |

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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 submit a new WDS Access Request Form to the WDS Data Administrators, who will re-evaluate user's access in the WDS.

Sponsor Review/Approval _____
Name e-Signature

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: _____
Name e-Signature

After this form is complete, return via email to WDS Data Administrator for review at DL_WDS_DA@wipp.ws

If you have questions, comments, or concerns, please contact the WDS Team by email at DL_WDS_DA@wipp.ws.