

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	<input type="checkbox"/> YES	<input type="checkbox"/> NO

WDS Access Requested

- | | | |
|--|---|---|
| <input type="checkbox"/> Acceptable Knowledge | <input type="checkbox"/> Carlsbad Field Office | <input type="checkbox"/> Data Administration |
| <input type="checkbox"/> Environmental Protection Agency | <input type="checkbox"/> General WIPP User | <input type="checkbox"/> MC&A Approver |
| <input type="checkbox"/> New Mexico Environment Dept | <input type="checkbox"/> Packaging Administration | <input type="checkbox"/> Shipment Confirmation |
| <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 | | |

TRUCON Access Requested

You must select the General WIPP User from above if selecting any TRUCON role

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> CBFO Editorial | <input type="checkbox"/> CBFO Manager | <input type="checkbox"/> CBFO QA |
| <input type="checkbox"/> CBFO Technical | <input type="checkbox"/> CP Manger | <input type="checkbox"/> CP Reviewer |
| <input type="checkbox"/> Document Owner | <input type="checkbox"/> Records Coordinator | <input type="checkbox"/> Site Docs |

Statement of Need

- | | | |
|---|---|---|
| <input type="checkbox"/> Global Site Access (or list Site Programs) | <input type="checkbox"/> Report Builder (Crystal Reports) | <input type="checkbox"/> Script Interface |
|---|---|---|

WDS Access Request Form**Review and Approval**

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 are 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.

By signing, I acknowledge that I have read WP 08-NT1003 and understand my responsibilities identified in that Document.

User: _____

e-Signature/Date

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. The approving sponsor is responsible for notifying the DAs when the employee no longer requires access to WDS.

By signing, I acknowledge that I have read WP 08-NT1003 and understand my responsibilities identified in that document.

Sponsor
Review/Approval: _____

e-Signature/Date

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

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