TPM Form-1 Revised 1/22/2009

Transportation Electronic Award Management System (TEAM) Grantee / Recipient User Access Request

1.1

спеск Арріїсаріе вох:	New Use	r with Pin		IVIOUI	ty User		Username		
	New Use	r Without Pin		Dele	te User				
Narning: The information con	tained in t	his form is prot	ected under F	Public La	w 93-579. Priv	acy Act.			
USER INFORMATION									
USER INFORMATION					Quadan		(Optional)		
					Gender		(Optional)		
					<u> </u>		_		
First Name*	M/I	Last Name*			Office Phone*				
Title					FAX Number				
Organization Name*			Recipient ID		Email Address*				
-									
Mailing Address(Street Number, City	, State and Z	IP Code)*							
					User's Authorizii	ng Signatur	re (see instructions	5)	
					Printed Name of	r above			Date
*This is information is required to establish or	modify your TE	AM user account. By co	mpleting this form, ye	ou expressly	attest that information	n provided is t	true and complete to the	e best of your	
knowledge. Invalid information will be ground			ount or the basis for	r deletion of a	an existing TEAM acco	ount			
APPLICATION ACCESS (Check	all that app	ly).							
Recipient Access Type	Recipie	nt PIN Function	S		Designated R	Recipient	ID(s) (Indicate	Below)	
Inquiry Only		Submit Applicatio	n						
Modify/Update		Execute Awards							
		Certify as Lawyer							
Database		Certify as Official							
Production		Certify as Both La	wver and Official		Metropolitan	Planning	Organization (MPO) ID	
Quality Assurance		Provide Suppleme	-						
			•		the set of			Coo in structure	towal
Both Production and QA	(PIN Fun	ctions require Des	signation of Sig	nature Al	ithority on Orgai	nization/Ag	jency Letternead.	. See instruct	ions).
ACKNOWLEDGMENT OF RULE	S OF CON	DUCT FOR SYST	TEM USE						
 When downloading sensitive infor I will <u>not</u> permit anyone to use my private, not stored in a place that is a I will follow standard password pro- and contain at least one (1) capital le I will report any security problems I will notify the appropriate FTA O I understand that if I am not using to my equipment by authorized repre agree to and will comply with all of to other disciplinary or legal action. By and provisions and that I accept the non- and provisions and that I accept the non- and provisions and that I accept the non- top of the statement of	 TEAM acce ccessible by ocedures and tter and one and anomal ffice to elimir FTA-supplie sentatives of hese conditional 	ss information (i.e. anyone other than d change my passw (1) number. les in system perfor nate my TEAM acce d equipment and F [*] the Federal Govern ons and understand ame in the space b	user ID, passwor the myself (i.e. fa ord every ninety mance to the ap iss in the event of TA suffers a second ment to determinent that failure to do elow, I hereby ac	rd or other amily men (90) days propriate l of job trans urity breac ine the car o so will re	authentication). hbers, friends, etc. My passwords were FTA Office. sfer, termination, c sh or compromise uses and to take of sult in permanent	My passwor .). If stored will be at lea br if TEAM a that is my f corrective a t removal of	ord (or other auther d, the password wil ast eight (8) alphar access is no longe fault, I may be requ action(s). f my TEAM access	Il not be in text numeric charac r required. uired to allow a s, and may res	format. cters access ult in
Signaturo			// Date	Printed Na	200				
Signature			Dale						
FTA AUTHORIZATION									
				ГТА	Operational App				
FTA Functional Approval				FIA	Operational App	roval			
			//						
Signature of Authorizing FTA Official			Date	Signa	ature of Authorizir	ng FTA Offi	cial		
Printed Name				Print	ed Name				
Title / Office				Title	/ Office				
					/				
				Date	Processed	UserID	PIN		
EAM RECIPIENT User Access Request Form									

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