

**JOINT ENGINEERING DATA MANAGEMENT INFORMATION AND CONTROL SYSTEM
(JEDMICS)**

REQUEST FOR ASSIGNMENT OF LOG-ON ID AND PASSWORD
(TO BE COMPLETED BY REQUESTING ORGANIZATION)

1. Type of Request: New Change Cancel LOG-ON ID
2. Requester is: DoD Military/Civilian DoD Contractor
3. Requester is US Citizen: Yes No

4. Name of Requester	5. Requester's Organization
	6. Office Symbol
	7. Complete Mailing Address (Include Building Number)

8. Telephone Numbers Comm DSN	9. Fax Number Comm DSN	10. Email Address
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11. DoD Contractor *(All blanks must be completed)*

a. Company Name/Address	b. Telephone Number	c. Contract Number	d. Expiration Date
e. Government Point of Contact	f. Telephone Number		

12. Requester's Host Machine Information

a. Access through <input type="checkbox"/> EGDW <input type="checkbox"/> GDW <input type="checkbox"/> PC	b. Userid	c. Node Name (Leave Blank)
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13. Justification for Access:

14. User Agreement:

a. As an authorized user of Department of Defense (DoD) information assets, the user is responsible for:

- (1) Complying with information asset security controls, as specified by DoD computer security regulations.
- (2) Keeping user ID and password confidential and for specified user use only.
- (3) Using DoD resources only when authorized and for approved purposes.
- (4) Notifying Security Administrator of exposures, misuse, or noncompliance situations.

b. Limited/Proprietary Data:

- (1) The user confirms that all limited/proprietary data obtained through this account will be used exclusively for Government purposes and will not be released to any non-government activity or individual.
- (2) The user further confirms that all limited/proprietary data obtained through this account will be returned to originating center upon completion of use or will be destroyed by the user.

Any violation of these responsibilities may result in termination of computer system access

15. Signatures:

Requester's Signature	Date:
Supervisor's Name	Phone Comm DSN
Supervisor's Signature	Date:

See page two for information on where to submit this form

SUBMIT FORM TO:

DSCC-VTRA
P.O. BOX 3990 (BLDG 20/A011)
COLUMBUS, OH 43218-3990

POC: JEDMICS HELP DESK
(614) 692-4829, DSN 850-4829
FAX (614) 692-6938
Email - dscvtra@dsc.dla.mil

DSCP-ITC
700 ROBBINS AVE.
PHILADELPHIA, PA 19111-5096

POC: Rosalie Strawberry
(215)737-7235, DSN 444-7235
FAX (215) 737-7156
Email -rstrawberry@dscp.dla.mil

DSCR-VADA
8000 JEFFERSON DAVIS HIGHWAY
RICHMOND, VA 23297-5610

POC: Vicki Smith - TASO
(804) 279-3751, DSN 695-3751
FAX (804) 279-62999
Email -vpsmith@dscr.dla.mil