

## Capital Investment Plan

### FAA Host Resource Access Request Form

Return to: Routing Symbol ATO-F (Anthony F. Osborne), or FAX to: 202-548-5504 – Phone# 202-548-5599 (Bonnie L. Turkaly)  
 E-mail: bonnie.turkaly@baesystems.com

1. Check One:  Add  Delete  Modify  Recertify Current User Id \_\_\_\_\_ Region Code \_\_\_\_\_

(See Instructions on Back and Please Print)  FAA Applicant  Contractor Applicant

**Applicant Identification**

2. Name \_\_\_\_\_ 3. FAA Organization Symbol (e.g. ATO-P) \_\_\_\_\_

4. Telephone No. ( ) \_\_\_\_\_ (Ext.) \_\_\_\_\_

5. E-mail \_\_\_\_\_

6. Mailing Address and Room No. \_\_\_\_\_

Under Penalty of Law, I agree to NOT disclose to any unauthorized persons information obtained as a result of access to the applications identified below.

7. Signature \_\_\_\_\_ Date \_\_\_\_\_

**Contract Information (Required if applicant is not an FAA employee)**

8. Contract Number \_\_\_\_\_ 9. Contract Name \_\_\_\_\_

10. Company \_\_\_\_\_ 11. Contract Expiration Date \_\_\_\_\_

12. FAA Organization Manager's signature – Please sign on line number 15.

**Access Request and Authorization** 13. PM System Tools

<b>13A. <input type="checkbox"/> BEST</b> <input type="checkbox"/> GEN USER <input type="checkbox"/> Training <input type="checkbox"/> Documentation	<b>13B. <input type="checkbox"/> DOCCON</b> <input type="checkbox"/> GEN USER <input type="checkbox"/> CMSTAT <input type="checkbox"/> Training <input type="checkbox"/> Documentation	<b>13C. <input type="checkbox"/> FMS</b> <input type="checkbox"/> GEN USER <input type="checkbox"/> Training <input type="checkbox"/> Documentation	<b>13D. <input type="checkbox"/> SMT</b> <input type="checkbox"/> MS PROJ00 <input type="checkbox"/> MDFM USER <input type="checkbox"/> MSS USER <input type="checkbox"/> MDFM DBA <input type="checkbox"/> MSS DBA <input type="checkbox"/> HQ MDFM * <input type="checkbox"/> REG MDFM (See Instruction #14) <input type="checkbox"/> Training <input type="checkbox"/> Documentation	<b>13E. <input type="checkbox"/> SPIRE</b> <input type="checkbox"/> GEN USER <input type="checkbox"/> ADMIN <input type="checkbox"/> MANAGER <input type="checkbox"/> PRA ** <input type="checkbox"/> RPD(See Instruction #14) *** <input type="checkbox"/> ORG Goal Tracking (See Instruction #14) <input type="checkbox"/> Training <input type="checkbox"/> Documentation	<b>13F. <input type="checkbox"/> NASDOCS</b> <input type="checkbox"/> Intranet Password Protected Area	<b>13G. <input type="checkbox"/> SCR</b> <input type="checkbox"/> GEN USER <input type="checkbox"/> Training <input type="checkbox"/> Documentation
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14. Comments/Special Requests: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify and approve this applicant's request. In accordance with OMB Circular A-130, the Applicant has been instructed not to misuse government ADP resources, to protect the confidentiality of log-in/sign-on passwords, and to report compromises of such passwords. I agree to ensure effective implementation and application of the provisions outlined in OMB Circular A-130 and to immediately notify the FAA PM Systems Coordinator if the applicant's employment status changes or if the employee has no further need for the items requested above.

**Authorization To Expend Resources:**

15. Name \_\_\_\_\_ Date \_\_\_\_\_  
 (Print) (Signature)

16. Organizational Symbol \_\_\_\_\_ 17. Telephone No. Area Code ( ) \_\_\_\_\_

**To Be Completed by Headquarters**

18. Anthony F. Osborne \_\_\_\_\_ 19. \_\_\_\_\_  
 FAA PM Systems Coordinator Date Notified by Date Notified

## Instructions

1. Add, Delete, Modify, Recertify and Current User ID, Region Code FAA or Contractor Applicant  
Check appropriate box: Add, Delete, Modify, Recertify. If request for Delete, Modify, or Recertify, enter current User ID. Enter the two-character region code of the applicant  
Check appropriate box for FAA Applicant or Contractor Applicant
2. Name  
Applicant's printed name
3. FAA Organizational Symbol  
FAA Organization Symbol (contractors must supply organization they are supporting)
4. Telephone Number  
Applicant's area code and phone number
5. E-mail address  
Applicant's work e-mail address
6. Mail Address/Room Number  
Applicant's mailing address including room number
7. Signature and Date  
Applicant's signature and date signed
8. Contract Number  
FAA contract no. (not required if applicant is FAA)
9. Contract Name  
FAA contract name or acronym (not required if applicant is FAA)
10. Company  
Name of company (not required if applicant is FAA)
11. Contract Expiration Date  
Date current contract expired (not required if applicant is FAA)
12. FAA Organization Manager's  
The signature of the manager from the FAA Organization named in number 3
13. PM System Tools  
Enter PM System Tools/systems desired (SMT, DOCCON, etc.)  
Check corresponding box if Training required  
Check corresponding box if Documentation required
14. Comments/Special Requests  
Enter any Special Requests you may have  
\*REG MDFM Access – If selecting REG MDFM access please indicate which region in Box #14  
\*\*RPD – If selecting SPIRE RPD access please indicate in Box #14 CIP Numbers and level of access  
\*\*\*ORG – For ORG Goal Tracking, indicate if you are ARA or ATS, which goals you would like access to, and if you would like release authority.
15. Name and Date  
Enter printed and written name of FAA Project Manager authorized to expend resources
16. Organization Symbol  
Enter the Organizational Symbol of the person authorized to expend resources
17. Telephone Number  
Enter the telephone number of the person authorized to expend resources

## To Be Completed by Headquarters

18. FAA Coordinator and Date  
Signature of FAA OPR (Office of Primary Responsibility) and date signed
19. Notified by and Date Notified  
Printed name of person notifying user and date notified