

**Request for assignment of AMCOM logon and password for the Joint
Engineering Data Management Information and Control System
(JEDMICS) and Engineering Data Information System (EDIS) per AR 380-
19 (See accompanying Privacy Act Statement)**

Part I - To Be Completed By Requesting Organization

1. Request is: New Change Cancel Logon
2. Requester is: DoD Civilian DoD Contractor Military
3. Name of Requester (printed): _____
4. For Name Change, (Enter Name as Changed): _____
5. Requester's Office Symbol: _____
6. SSN: _____ Building Number: _____
7. Phone Number Local DSN: _____
8. Email address: _____

9. For DoD Contractor (All information must be provided)

Company Name/Address/Phone: _____
Contract Number: _____ Exp. Date: _____
Government Sponsor's Name/Phone/Office Symbol: _____

Attachments: Excerpt from Scope of Work (directly out of contract),
Clearance Letter (signed by Facility Security Manager) stating:
requester's name, Social Security number, clearance level, clearing
agency and date of clearance granted.

10. Access Request (Check applicable item(s))

- JEDMICS PC JEDMICS
- Limited Rights (access to this data requires a clearance and
a detailed justification signed by the supervisor)
- EDIS
- Current JEDMICS user
- Current JEDMICS User ID and GDW
Number: _____
- Permissions listed below require a clearance and a detailed
justification signed by the supervisor.
- Data Access to:
- Limited Rights Procurement Sensitive
- Other(Specify): _____
- Permissions:
- Group Member of:
- | | |
|--|---|
| <input type="checkbox"/> 0 - AdHoc | <input type="checkbox"/> 14 -Event5 PRE |
| <input type="checkbox"/> 1 - Daily Downloads | <input type="checkbox"/> 15 - Event5 LIVE |
| <input type="checkbox"/> 2 - TDA | <input type="checkbox"/> 16 - SAA |
| <input type="checkbox"/> 3 - WDD | <input type="checkbox"/> 17 - EBT |
| <input type="checkbox"/> 4 - PKG | <input type="checkbox"/> 18 - EBQ |
| <input type="checkbox"/> 5 - RSD | <input type="checkbox"/> 19 - SDP |
| <input type="checkbox"/> 6 - ENS | <input type="checkbox"/> 20 - TRANS |
| <input type="checkbox"/> 7 - QA AVN | <input type="checkbox"/> 21 - DIA |
| <input type="checkbox"/> 8 - QEZ | <input type="checkbox"/> 22 - System |
| <input type="checkbox"/> 9 - SSI | <input type="checkbox"/> 23 - AVE |
| <input type="checkbox"/> 10 - TDM | <input type="checkbox"/> 24 -ENF |
| <input type="checkbox"/> 11 - SSL | <input type="checkbox"/> 25 - HAC |
| <input type="checkbox"/> 12 - STE | <input type="checkbox"/> 26 - MBJ |
| <input type="checkbox"/> 13 - TEST | <input type="checkbox"/> 27 - HDL |
- Datalist creation in your group from pullfile
Current ICAPP User ID: _____

- () Email notification on datalist transfer.
- () Email notification on pullfile run.

11. Justification for Requested Access: _____

12. Signatures (All blanks must be completed)

Requester: _____ Date: _____

Terminal Area Security Officer (include TASO appointment memorandum)

TASOs Name/Title/OFC/Phone (printed): _____

TASOs Signature: _____ Date: _____

Supervisors Name/Title/OFC/Phone (printed): _____

Supervisors Signature: _____

Part II - To Be Completed By Security Office

- 1. Security Clearance Verification:** The requester is certified as:
() No Clearance () Secret () Interim (Expires: _____)
Performing Agency/Expiration: _____
 2. Login IDs / Passwords have been assigned to the requester named in Part I as:
() Login ID(s): _____
- Comments: _____
Access Approved/Granted by: _____ Date: _____

Part III - Requester's Acknowledgement Statement (To be completed by the requester named in Part I)

1. I hereby acknowledge personal receipt of the Login ID and Passwords(s), for the JEDMICS System. I realize that I am personally responsible for any activities in the system accountable to my Login ID and Password. I will not allow my password to be used by another person, nor will I allow others to "piggy-back" on my session. I will abide by the provisions of AR 380-19 and, if my password is one providing access to classified defense information, of AR 380-5. In the event my password is lost, forgotten, or I suspect it has been compromised, I will report immediately to my Terminal Area Security Officer (TASO) or the Information Systems Security Officer (ISSO) for JEDMICS for resolution.
2. Printed Name: _____
3. Signature: _____ Date: _____

Data Required by the Privacy Act of 1974

Title of Form: Request for Assignment of Loginid(s) and Password(s)
Prescribing Directive: AR 380-19

- 1. Authority:** Title 10, USC, Section 3012(g).
- 2. Principle Purpose(s):** a. Social Security Number is required as a unique code for identifying interactive customers of Data Processing Activity (DPA) 329B, Data Processing Installation (DPI) T201. b. To provide readily accessible data for updating on-line and manual customer files.
- 3. Mandatory or voluntary disclosure and effect on individual not providing information:** Social Security Number required for positive identification of request and enable retrieval of data from automated files concerning the individual's computer access privileges. Failure to furnish information may result in denial of service.