## **CBS USER ACCESS REQUEST FORM ALLOW 3-5 DAYS FOR CBS/ITC PROCESSING**

NOTE: All users must be entered in the NOAA Locator prior to requesting access to CBS. Submissions and updates to the NOAA Locator can be sent to noaa.locator@noaa.gov.



Date of Request:			Achieving Excellent Financial Manager	
Access: Requested Action:				
Entity Type:		Specify:		
NOTE: If you are not a NOAA emp	ployee, you will be contacted for you	ır Social Security Number		
User's Name:				
Office Phone:		Office Fax:		
Line Office:		Routing Code:		
Office Address:				
E-mail Address:		M		
Servicing Administrative S	Support Center:			
	*		mation Technology System Rules of	
-	-		on, please visit NOAA's IT Security	
Office Home Page: https://v	www.csp.noaa.gov/index.html			
Supervisor's Name:		Office Pho	one:	
Supervisor's Signature:		Date:		
Sys. Adm.'s Name:		Office Phone:		
Please select the appro	priate user role(s) for the	CBS module(s) to which	ch you are requesting access.	
	Each list contains all the rol	* /	• •	
		1		
			Special User Instructions:	
Application Manager:	Client Services	Office Phone:	301-427-1023	
		** 1 * 1 * = :		
Submit signed reques	ts to the CBS Client Service	es Help Desk via FAX (	on 240-632-2886. E-mail	

submissions require Adobe Acrobat software and must be forwarded by the user's Supervisor to serve as the Supervisor's signature and approval. Forward e-mail submissions to <u>clientservices@noaa.gov</u>.