Exempt from the Paperwork Reduction Act. Requesting only identifying information and certification. See 5 CFR § 1320.3 (h) (1-1-01)

U.S. DEPARTMENT OF THE INTERIOR Minerals Management Service Minerals Revenue Management

MRM System Access Request Form Web Portal Users

USER INFORMATION: LEGAL NAME:		New User	Change User		Delete User
				Current User ID	
Last PREFERRED NAME(Optional):			First		Middle Initial
Last			First		Middle Initial
User Teleph	none Number:				
Organization: (Required Field) Er		Enter full Federal Agency, State Agency, Tribe, or Compay Name			
User Mailing (Required Field	Address:		. 90.05,		
User E-mail	Address:				
FEDEF	RAL: Agency Acronyr	STATE:	TRIE 2 Digit Alpha	BE 205 Auditor	202 Auditor
INDUSTE	INDUSTRY: C				ayer Number
C	heck If Solids P and R	reports Submitted	CPT STRAC Supervisor	CPT STRA	C Specialist
I understand	that MMS's Computer Sy		rtification ernet connections and associate	ed equipment; software and o	data are to be used for official
government bu	siness only and in conjun		e Interior and MMS policies. La		
			ted licensed software and its re authorized copies of copyrighte		specifically authorized in
		t immediately stop using the is part of the organizational	e involved computer, call User's procedures.	Customer Support and follo	ow established procedures. I
			information is not to be exchan sclose information covered by t		
		vill NOT share my passwore te my User ID from that sys	ds or User ID with anyone. If I rstem.	no longer need access to an	MRM system for any reason,
	of a security breach (pasend the Organizational Se		uthorized software), I will immed	liately notify my supervisor o	or the Network/LAN
7. I understand network and sy	•	dial in only for authorized p	urposes and will not have simul	taneous Internet connection	s while accessing the MMS
8. I confirm that provided.	t the information provided	above is accurate and con	nplete and that I have not knowi	ngly or deliberately misrepre	esented any information
•	er Signature:			Date:	
Sup	pervisor Name (print):			Phone:	
Sup	pervisor Signature:			Date:	

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