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

and the Organizational Security Manager.

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

Γicket #	

MRM Application Request Form Data Warehouse Portal

Data Warehouse Portal					
USER INFORMATION: LEGAL NAME:	O New User	Change User	Current User ID	O Delete User	
Last PREFERRED NAME (Optional):			First	Middle Initial	
Last			First	Middle Initial	
User Telphone Number: Organization (Company Name): User Mailing Address:					
Industry	Payor or/and Operate	or Number (s)	Che	ck if Solids P&R Reports Submitted	
Financial (Non-STRAC) State:2 Digit Alpha	County:	Full Name	Trib	e: Dist. Code	
Compliance (STRAC) 202 CPT:	Auditor:T	ribe Name	205 Auditor:	State (2 Digit Alpha)	
CIM (STRAC User): Role:		Office:	Sub-Office:		
External Auditor (DOJ, KPMC	5, OIG)	Data Warehouse Portal	PeopleSoft		
I understand that MMS's Comput government business only and in co Violations of the law can result in lo	onjunction with Department	of the Interior and MMS poli		and data are to be used for official se of these items (section 641, 18 USC.).	
2. I agree NOT to reproduce (excepthe appropriate vendor. I further agr	, .	, ,		less specifically authorized in writing by	
3. If I suspect infection by a virus, I not to turn off the computer if this is			II User's Customer Support and	follow established procedures. I agree	
4. I will handle sensitive data appronecessary for official government be				vise compromised in any way unless personnel.	
5. I will select my own passwords a contact MRM and notify them to del			ne. If I no longer need access t	o an MRM system for any reason, I will	
6 If I am aware of a security breach	(nassword sharing use of	f unauthorized software). I wi	ll immediately notify my supervi	sor or the Network/LAN Administrator	

8. I confirm that the information provided above is accurate and complete and that I have not knowingly or deliberately misrepresented any information provided.

7. I understand and agree that I will use dial in only for authorized purposes and will not have simultaneous Internet connections while accessing the MMS network

User Signature:	Date
Supervisor Name (Print):	Phone:
Supervisor Signature:	Date