

# Instructions for the MRM Application Request Form

An original, signed MRM Application Request Form (MARF) is required for external (non-MRM) users to gain access to the MRM Data Warehouse through our online portal. Please print this form, fill it out according to the procedure below, then sign it. The last step of the procedure indicates where to send the original completed and signed MARF.

**PLEASE TYPE OR WRITE LEGIBLY!**

## Procedure

MARF Item	Instructions
<b>User Information</b>	<p>Blacken the radio button that indicates your status as a user:</p> <ul style="list-style-type: none"> <li>• <b>New User</b> – If you have never had access to the MRM Data Warehouse Portal.</li> <li>• <b>Change User</b> – If you have access to the MRM Data Warehouse Portal and this application is for a name change or other user information change. Type your current user ID in the <b>Current User ID</b> blank.</li> <li>• <b>Delete User</b> – If you no longer need access to the MRM Data Warehouse Portal. Type your current user ID in the <b>Current User ID</b> blank.</li> </ul>
<b>Legal Name</b>	Enter your Last name, First name, and Middle Initial as they appear on your birth certificate or passport.
<b>Preferred Name (Optional)</b>	Only enter a Last name, First name and/or Middle Initial if you prefer to be addressed differently than your Legal Name.
<b>User Telephone Number</b>	Enter your daytime telephone number.
<b>User EMail Address</b>	Enter your electronic mail address.
<b>Organization (Company Name)</b>	Enter the full name of the Company, Federal Agency, State Agency, or Tribe on whose behalf you are applying for access.
<b>User Mailing Address</b>	Enter your work mailing address, including the street address, Post Office Box, internal routing information as appropriate, city, state or province, and Zip or postal code.

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<b>Industry</b>	If you work for a company, you must provide at least one Payor Code/Operator Number here. If your company submits Solids P&R reports, you must check that box in addition to providing at least one Payor Code/Operator Number.
<b>Financial (Non-STRAC)</b>	If you work in finance, complete either the State and County fields or the Tribe field.
<b>Compliance (STRAC)</b>	If you are a STRAC member, provide either a Tribe Name or a two-digit alpha State abbreviation.
<b>Federal</b>	If you are employed by another Federal Agency, please provide the name.
<b>External Auditor (DOJ, KPMG, OIG)</b>	If you are an external auditor for one of these organizations, check the appropriate box(es) for access to the MRM Data Warehouse and/or the PeopleSoft financial system.
<b>User Signature</b>	Read the rules and restrictions, then sign and date this form to indicate your agreement to abide by them.
<b>Supervisor Name/ Signature</b>	Either you or your supervisor must print their name and telephone number. Your supervisor must sign and date the completed form.
<b>Questions?</b>	If you need assistance to complete this form, please contact the MMS Help Desk at 877-256-6260.
<b>Mailing Address</b>	Mail the original, completed, signed form to this address (do NOT use FedEx delivery):  Denver Federal Center Building 53 – Entrance W19 MMS Help Desk Mail Stop 3753 PO Box 25165 Lakewood, CO 80225