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
Office of Natural Resources Revenue

Ticket # _____

External MRMSS Application Request Form (EMARF)
Data Warehouse Portal

USER INFORMATION: ○ New User ○ Change User _____ ○ Delete User
Current User ID

LEGAL NAME:

_____ _____ _____
Last First Middle Initial

PREFERRED NAME (Optional):

_____ _____ _____
Last First Middle Initial

User Telphone Number: _____ User EMail Address: _____

Organization (Company Name): _____

User Mailing Address: _____

_____

Industry _____ ☐ Check if eCommerce Reporting
Payor or/and Operator Number (s) ☐ Check if Solids P&R Reports Submitted

Financial (Non-STRAC)

State: _____ County: _____ Tribe: _____
2 Digit Alpha Full Name Dist. Code

Compliance (STRAC)

202 Auditor: _____ 205 Auditor: _____
Tribe Name State (2 Digit Alpha)

CPT: [▼]

CIM (STRAC User): Role: [▼] Office: [▼] Sub-Office: [▼]

Federal [▼]

External Auditor (DOJ, KPMG, OIG) ☐ ONRR Data Warehouse Portal ☐ PeopleSoft

1. I understand that the Office of Natural Resources Revenue (ONRR) systems are subject to monitoring and that I have no expectation of privacy regarding my use of the system or data within the system.
2. I am responsible for the protection and use of my user credentials (User IDs and Passwords). It is forbidden to share user credentials.
3. I will not introduce additional functionality, attempt to alter functionality, or add external applications into the ONRR system environment.
4. I will not introduce malicious software (viruses, Trojans, worms, (etc.) into the ONRR system environment.
5. I will handle sensitive/proprietary data appropriately and understand that this information is not to be exchanged, divulged, or otherwise compromised in any way unless necessary for official government business. I agree not to disclose information covered by the Privacy Act or Trade Secrets Act to unauthorized individuals.
6. I am responsible for protecting the integrity of the system environment by preventing the unauthorized alteration, damage, unauthorized destruction, and/or tampering with information. My access, use of the system, and its output is restricted to authorized use only and must be used for its ONRR intended function only.
7. Once access to the ONRR system is no longer required, I or the supervisor will contact the Help Desk immediately and notify them to delete my User ID from that system.
8. If I am aware of a security breach (password sharing, use of unauthorized software), I will immediately notify the Help Desk.

☐ I have read, understand, and will comply with the detailed ONRR Acceptable Use Policy found at http://www.onrr.gov/FM/Forms/default.htm. By signing this form, I understand that if I violate any portion of the ONRR Acceptable Use Policy, my access may be revoked and/or possible criminal prosecution. I confirm that the information provided above is accurate and complete and that I have not knowingly or deliberately misrepresented any information.

User Signature: _____ Date [ ]

Supervisor Name (Print): _____ Phone: _____

Supervisor Signature: _____ Date [ ]