Clear

REQUEST FOR AUDIT TRANSMISSION SYSTEM ACCESS

COMPLETE FORM AND RETURN TO OFFICE OF COMMAND SECURITY (ISSO) WHO WILL THEN FORWARD TO:

DSAC-AP
P.O. BOX 5850, KIRTLAND AFB
ALBUQUERQUE, NM 87185-5850

I. PERSONNEL INFORMATION

1. NAME *(Last, First, Middle Initial)*			6. ADDRESS *(include ZIP+ 4)*
2. OFFICE SYMBOL	3. USER ID	4. TELEPHONE DSN COMMERCIAL ( )	
5. JOB TITLE			

II. ACTION REQUESTED

	1. CREATE			2. DELETE	
	3. CHANGE NAME	a. FROM b. TO		4. CHANGE ORGANIZATION	a. FROM b. TO

III. ATS SYSTEM ACCESS

1. DISTRICT NAME ('X' *one)*

	a. NORTH EAST		b. NORTH CENTRAL		c. SOUTH
	d. MID ATLANTIC		e. WEST		f. INTERNATIONAL

2. DESIGNATOR CODE (2 *characters)*

IV. AUTHORIZATION

1. SUPERVISOR

a. NAME *(print)*	b. SIGNATURE	c. DATE

2. TERMINAL AREA SECURITY OFFICER (TASO)

a. NAME *(print)*	b. SIGNATURE	c. DATE

V. OFFICIAL USE ONLY *(FOR DSAC-AP USE)*

1. VAX ACCOUNT USER NAME	2. TEMPORARY PASSWORD

3. ADDITIONAL VAX SERVICES

VI. REMARKS