

## BIN Application Access Form

**Please provide the following information:**

User ID	
First Name	
Last Name	
Email Id	
Phone number	
Phone Ext (Optional)	
Agency Name (From the Resource Guide)	
Location Name (From the Resource Guide)	

**REQUESTED ACTION:** \_\_\_\_ (A=Add, U=Update, D=Delete)

**REQUIRED SIGNATURES**

I hereby agree that I will only use this access for approved purposes, will not divulge or share access with anyone, will promptly change my password if it has been compromised, and will notify my Information Security Officer of any security breach.

Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_

I, the operator's Director or Information Security Officer, hereby agree to immediately notify the Manager, Project Office if the operator leaves my supervision.

Director or Information Security Officer \_\_\_\_\_ Date \_\_\_\_\_  
 Print Name \_\_\_\_\_ Phone \_\_\_\_\_

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\*\*\*INTERNAL USE ONLY\*\*\*

Approved (BIN Local Administrator signature): \_\_\_\_\_

Implemented BY: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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