



USER INFORMATION

NEW MODIFY DEACTIVATE

Name: Last First Middle Initial

Title: E-mail: Phone #:

Supervisor: Supervisor Email:

TYPE OF ACCOUNT ACCESS / MODIFICATION REQUESTED

E-mail Remote Access Penlink FMS SAFETNet User Profile: Agent Agent Supervisor Watch Center
TRAC RMIN Financial Reporting NMMSIS PMP Internet Only ACCURINT (ISC ONLY) Deactivate all user accounts
Building Access Buildings A B C D Hours M-F 8-5 M-S 8-5 24/7 Other

EMPLOYING ORGANIZATION

Municipal County State Tribal Federal Agency
Division/Bureau/Unit: HIDTA Initiative:
Address City State: Zip Code

By signing this form I affirm that all information listed above is complete and accurate to the best of my knowledge and that I am entitled to access the resources requested.

Signature: Date

INITIATIVE COMMANDER (Please print & sign on signature line before submitting to NMHIDTA)

Name: Title: Email:

Business Phone: Fax:

I do hereby certify that the person named above is employed by the "Employing Organization" and that the employee is in good standing. I further affirm that this person is lawfully authorized to access the resources listed above. If this is a request to modify or deactivate, I have verified that the person named above no longer needs access to the resources listed above. I will promptly notify NM HIDTA of any additional changes.

Commander Signature: Date

NM HIDTA USE ONLY DO NOT FILL OUT

SECURITY QUESTIONS (Do not enter any information in this area, IT Support staff will call for this information.)

What high school did you attend?
What was the name of your first pet?
What is your favorite vacation destination?

SUBMIT APPLICATION

NM HIDTA IT
Mailing Address: 2450 Lakeside Dr. BLD A
Las Cruces, NM 88007

Fax: 575-541-7510
E-mail: nmhidta@nmhidta.org

APPROVAL: APPROVED DENIED

Director's Signature
Username Assigned Date Assigned
Created By Notification Date