

MVA FTP - ICD Remote Access Request Form

REQUESTER INSTRUCTIONS:

Complete top section of form, sign, and date. Forward to MVA System Administrator or supervisor to sign and date the form. Submit signed form to MVA Security Officer for verification of access type(s).

ACTION: () New Request () Account Change () Account Deletion Date of Request: _____

Requester Name: _____ Phone: () _____ Email: _____

Name of Company: _____ Location: _____

Purpose of Remote Access: _____

ACKNOWLEDGMENT: Remote Access to the MDOT/MVA network is a privilege. I hereby acknowledge that remote access is authorized for my/company use only and that all passwords and user names are to be kept confidential at all times. By requesting a remote access account, I acknowledge that I will install, or already have installed, virus protection software on my remote (this includes business, home or laptop) system. In addition, I authorize MVA and/or their contractor to perform random port scans to assess the security, when needed, of my connection to the MVA network. Installation of virus protection software and applying virus signature updates is my responsibility. I understand that failure to do so may result in loss of remote access privileges. MVA employees are not responsible for any operating system, hardware or software application problems encountered by any MVA Remote Access User when using the designated applications to connect to the MVA network(s). I have signed the MDOT Security Advisory agreement and I am aware of the terms and conditions of the agreement.

Requester Signature/Date: _____

I acknowledge that I am required to electronically transmit to the MVA cancellations or terminations of liability insurance coverage(s) on a daily basis. I agree to also electronically transmit to the MVA all new business, coverage changes and any other information relevant to insurance coverage, on a daily basis. I understand that failure to do so may result in loss of access privileges.

Requester Signature/Date: _____

(TO BE COMPLETED BY MVA ONLY)

MVA SYSTEM ADMINISTRATOR OR SUPERVISOR AUTHORIZATION: I authorize the requestor to be granted FTP access to the MDOT/MVA public FTP Server.

JURISDICTION/SUBSCRIBER ID'S: _____

MVA System Administrator/Supervisor Name (Please Print): _____

MVA System Administrator/Supervisor Signature/Date: _____

IMPLEMENTATION DETAILS

MVA Security Officer Signature/Date: _____

INSTALLATION VERIFICATION (TO BE COMPLETED BY MVA REMOTE ACCESS ADMINISTRATOR ONLY)

Remote access has been successfully completed and is operational:

MVA Remote Access Administrator Signature/Date: _____ Date: _____

User ID Assigned: _____ Password : _____

Directory Access Rights: _____ Directory(ies) Allowed Access: _____

Directory Path created: _____

User ID Assigned: _____ Password : _____

Directory Access Rights: _____ Directory(ies) Allowed Access: _____

Directory Path created: _____

User ID Assigned: _____ Password : _____

Directory Access Rights: _____ Directory(ies) Allowed Access: _____

Directory Path created: _____