



**INFORMATION SYSTEMS CYBER SECURITY
CYBER ONLY ACCESS**

For individuals who will not have physical access to Ames Laboratory or any Laboratory equipment, the standard safety training is not required. The individual must agree to abide by the Network Rules of Behavior to gain cyber access per Ames Laboratory policy.

Note: An Ames Laboratory email account will not be created with this Cyber Only Access request.

APPLICANT INFORMATION

Full Name		Ames Lab Emp # if former AL employee
		<input type="text"/>
Organization Name	Contact Email Info (non- ameslab.gov)	
Citizenship If non U.S. AL-473 required	Contact Telephone	
Permanent Address		

REQUESTOR INFORMATION

Costpoint Project _ _ _ _ _ . _ _ _ _ . _ _ _ _ . _ _ _ _	
Full Name of Requestor	Requestor Employee #
Name of Division/Program/Department	Requestor Email

Requested Access Dates: one year maximum **to**

Justification (must be valid, reasonable and related only to *Cyber Only Access*)

APPROVALS

REQUESTOR

PRINT	SIGNATURE	DATE
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DIVISION/PROGRAM DIRECTOR – or – DEPARTMENT MANAGER

PRINT	SIGNATURE	DATE
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AL- 473 Verifier

PRINT	SIGNATURE	DATE
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CONTINUE TO BACK PAGE FOR LIST OF SERVICES FOR THE APPLICANT.

Available services:

- CMI Affiliate (WEB ONLY)
- CMI file storage
- DMSE file storage
- DREAM
- Other
What system(s) will be accessed?
- ISU Staff (OHM)
- DMSE SSH (*System Support Specialist notified*)
- CBS SSH (*System Support Specialist notified*)

What port/service is needed? (Remote Desktop Protocol [RDP], Windows file service, Cognos Reports)

IS SECTION

- Account Created – Date & Initials: _____
- Cryptocard token: hardware software
- Firewall rule created – Date & Initials: _____
- Permission on file shares (CMI, DREAM, ISU) granted – Date & Initials: _____
- Notification sent to Requester and Div/Program Director/Dept Manager – Date & Initials: _____
- Notification to ACSM. – Date and Initials: _____
- Notification to Web Request. – Date and Initials: _____