

**INSTRUCTIONS:**

For MAX A-11 users, HSDB users, and PART Administrators users, please print, sign, and fax you MAX Userid Request Form and photo copy your government identification badge/pass to the OMB, Budget Systems Branch at (202) 395-5080.

For only PART users, please print, sign, and fax your MAX Userid Request Form and a photo copy of your government identification badge/pass to your PART agency administrator.

**MAX USERID REQUEST FORM**

**Customer Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Agency: \_\_\_\_\_ Bureau: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Room Number or Mail Stop \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ ext \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Please check the access needed:**

<b>HSDB</b>	
<b>MAX A-11</b>	
<b>PART</b>	

---

**For Agency Administrators ONLY:**

Agency administrators have been designated by either their agency or their OMB examiners as agency administrators for an application. Agency administrators will be able to approve ids, activate ids, delete ids, and grant access to data for their users.

If you are an agency administrator, please specify the application and agency you need administrative privileges:

<i>Application</i>	<i>Agency</i>
<b>PART</b>	

---

## **User Agreement**

This agreement is issued under the authority of the Federal Information Security Management Act of 2002 (P.L. 107-347, Title III).

By signing this agreement, I signify my understanding and acceptance of the policies and practices of the Office of Administration (OA), Executive Office of the President (EOP), concerning access to the EOP's MAX systems and that I will be held accountable for any breach of these policies and practices.

1. The UserID and any other information to allow remote access to the EOP's MAX systems are considered sensitive and critical.
2. I will NOT enter classified information into the EOP MAX systems.
3. I will protect my personal password from disclosure.
4. I will compose my MAX password with upper and lower alpha characters and special characters to meet a password length of 8 or more characters.
5. I will log off of my computer when it is not attended by me.
6. Upon completion of my duties that involve MAX, I will ensure my UserID is properly disabled.
7. If I suspect someone else has tried to learn my password or fraudulently gain access to the MAX systems, I will report the incident to my OMB representative.

## **Certifier Agreement for Agency Administrator**

In accordance with Office of Management and Budget Memorandum 04-04, "E Authentication Guidance for Federal Agencies," any non-EOP personnel logging into an EOP system must provide proof of their identity. The MAX Userid Request form must be signed by both the MAX user and the certifier.

I certified that before I issue MAX Userids that I have (1) verified the identity credential of this MAX user (2) obtained a photo copy of the MAX user's government identification badge/pass and (3) have received the MAX Userid Request Form with a signed agreement for my files.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **For Use by OMB Staff Only**

**MAX Management Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_