

MAX ADMINISTRATORS USERID REQUEST FORM

Administrator 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: _____

List the Agency or Agency/Bureau you administered:

<i>MAX A-11</i>	<i>PART</i>

User and Certifier 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 6 to 8 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.

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

By signing this agreement, I certified that I have inspected the MAX Administrators government photo-ID or government identification papers and had verified their employment in _____ (Government Agency).

MAX Admin Signature: _____ **Date:** _____

Office: _____ **Phone #:** _____