

DMVA (State) Network Request for Logon User ID and Password

Please fill out the request and return it to the Customer Support Center (CSC) promptly so that the information may be processed in a timely manner to support your operation.

1. Last Name: _____, First Name: _____, M.I. _____

2. Rank/Title: _____

3. Duty Position: _____

4. Unit / Office: _____

Location and Address: _____

5. Phone Number: _____

6. Name, Rank/Title, Location and Duty Position of IMO requesting Login and User ID:

7. Workstation ID Number: _____

LENGTH OF TIME EMPLOYEE WILL RETAIN PRIVILEGES

_____ Temporary Start Date: _____ End Date: _____

_____ Permanent

Services Needed for User: (Check all that apply)

_____ Email

_____ Add to Distribution List (Please specify the list(s) the user is needs to be added to)

_____ Personal Folders

_____ DMAVAHQLAW Logon Only