



SECURITY ACCESS REQUEST FORM

USER INFORMATION

Name: \_\_\_\_\_ Existing/OIT User ID (if applicable): \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

USER'S ACCEPTANCE OF CONDITIONS

By signing below, I signify that I have read and understand that I am subject to all the provisions of:

- Chapter 119, Florida Statutes, Public Records
- Section 281.301, Florida Statutes – Safety and Security Services
- Chapter 282, Florida Statutes – Communications and Data Processing
- Section 282.318, Florida Statutes – Security of Data and Information Technology Resources
- Chapter 815, Florida Statutes – Computer Related Crimes
- Procedure 050-020-026 - Distribution of Exempt Documents Concerning Department Structures and Confidential and Exempt Security System

I understand that every employee is responsible for systems security to the degree that his or her job requires the use of information and associated systems. All users are responsible for using information resources only for the purposes for which they are intended, to comply with all controls established by information resource owners and custodians and for protecting sensitive information against unauthorized disclosure. I also understand that it is the user's responsibility to protect all of his or her passwords from being disclosed and to refuse to accept any other user's password.

I also understand that signing below indicates that I have read and completed the following:

**FDOT Security's New Employee Required Reading:**

<http://www.dot.state.fl.us/computersecurity/ITPoliciesandStatutes.shtm>

**Computer Security Awareness for New Employees - Course and Quiz**

<http://www.dot.state.fl.us/computersecurity/SecurityAwarenessCourse.shtm>

User's Signature

Date



**REQUEST INFORMATION**

Request Type:  **New User**  Name Change  Access Change  Termination

If termination is selected, please enter: Effective Date: \_\_\_\_\_ Effective Time: \_\_\_\_\_

**New Account Type:** (Only for new accounts)  Employee/OPS  Consultant/Contractor  Generic/Service

**Type of Computer Access Requested:**

- Activu
- ESX/vSphere Admin
- Cyberkey (Must complete Cyberkey Addendum)
- FTP (Must complete FTP Addendum)
- Internet Access
- ITSFM (Must complete ITSFM Addendum)
- MIMS (Must complete MIMS Addendum)
- IT Only – Technician – Justification:
- iVEDDS (Must complete iVEDDS Addendum)
- SharePoint Online
- RRMA (Road Ranger Only)
- RRMP (Road Ranger Portal)
- SSL VPN (Must complete SSL VPN Addendum)

FOR FDOT APPROVAL

IT Only – Domain Admin – Justification:

DOMAIN AND/OR LAN ACCESS – Specify Access:

FDOT Sunguide – Specify Access: (hover over options for descriptions)

|            |                |               |
|------------|----------------|---------------|
| Operator   | Reporting      | Maintenance   |
| AAM        | Administrator  | Lead Operator |
| Supervisor | Concessionaire |               |

CFX Sunguide (By selecting this access, it does not give access to CFX Sunguide. This is for tracking purposes ONLY.)

Other – Specify Access: (hover over options for descriptions)

|                  |               |               |               |                 |
|------------------|---------------|---------------|---------------|-----------------|
| BlueMac          | CMS           | Solar Winds   | InSync        | TransSuite      |
| Read Only        | Read Only     | Read Only     | Read Only     | Read Only       |
| Technician       | Administrator | Administrator | Administrator | Administrator   |
| Lead Technician  |               |               |               | Operator        |
| Engineer/Manager |               |               |               | Timing Engineer |
| Administrator    |               |               |               |                 |



**MANAGERIAL APPROVAL**

FDOT Supervisor's Name: \_\_\_\_\_  
FDOT Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Security Coordinator's Name: \_\_\_\_\_  
Security Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR CONSULTANT/CONTRACTOR ACCESS ONLY**

Project Manager's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Project Manager's E-mail Address: \_\_\_\_\_  
Project Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Consultant Company Name: \_\_\_\_\_  
Project Number/Description: \_\_\_\_\_  
Project Start Date: \_\_\_\_\_ Project End Date: \_\_\_\_\_  
Consultant Representative's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Consultant Representative's Title: \_\_\_\_\_

**ADDITIONAL COMMENTS**



**Inter-agency Video and Event Data Distribution System (iVEDDS)  
Access Request Addendum**

**What is iVEDDS?** The Inter-agency Video and Event Data Distribution System (iVEDDS) distributes live motion CCTV camera video feeds from FDOT District Five utilizing the internet. This tool provides streaming video from CCTV locations along I-75, I-95, and I-4. Also offered in this application is event data, which provides a full list of traffic events and is hyperlinked to detail screens that provide time stamps, chronology, emergency responders, and other incident clearance information. The event data runs off of the SunGuide traffic incident management database, which powers real-time updates.

**Who uses this form?** Florida Department of Transportation District Five currently offers iVEDDS to first responders and public agencies for no charge. However, it is restricted in use and not available to the general public or private entities due to bandwidth capacity. Please use the form below to request a user ID and password for the application. One form needs to be completed for each person in your organization that will use the application.

**What access does this form provide?** This form provides access to the video and/or event data contained in the iVEDDS application. This **does not** provide access to the District Five TSM&O network.

| USER INFORMATION             |                      |                     |                   |
|------------------------------|----------------------|---------------------|-------------------|
| <b>Name:</b> _____           | <b>Phone:</b> _____  | <b>Fax:</b> _____   |                   |
| <b>Title:</b> _____          | <b>Agency:</b> _____ |                     |                   |
| <b>E-mail Address:</b> _____ |                      |                     |                   |
| <b>Address:</b> _____        | <b>City:</b> _____   | <b>State:</b> _____ | <b>Zip:</b> _____ |

| USER'S ACCEPTANCE OF CONDITIONS |
|---------------------------------|
|---------------------------------|

By signing below, I signify that I have read and understand that I am subject to all the provisions of:

- Executive Office of the Governor Memorandum – 1998-01, Information Resource Security Policy
- Chapter 119, Florida Statutes, Public Records
- Section 281.301, Florida Statutes – Safety and Security Services
- Chapter 282, Florida Statutes – Communications and Data Processing
- Section 282.318, Florida Statutes – Security of Data and Information Technology Resources
- Chapter 815, Florida Statutes – Computer Related Crimes
- Procedure 050-020-026 – Distribution of Exempt Public Documents Concerning Department Structures and Security System Plans
  
- It is the user's responsibility to protect all passwords from being disclosed and to refuse to accept any other user's password. Sharing usernames and passwords is strictly prohibited.
- Accounts that remain inactive for 180 days are deleted from the system.
- I understand that if assistance is needed with using this system the iVEDDS user is responsible for contacting D5 TSM&O Security via e-mail at D5.TSMOSecurity@dot.state.fl.us
- Please submit completed form to D5.TSMOSecurity@dot.state.fl.us

**User's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_