

## Transportation Electronic Award Management System (TEAM) Grantee / Recipient User Access Request

<b>Check Applicable Box:</b>	<input checked="" type="checkbox"/> New User With Pin	<input type="checkbox"/> Modify User	<input type="text" value="Username"/>
	<input type="checkbox"/> New User Without Pin	<input type="checkbox"/> Delete User	<input type="text" value="Name Change Request"/>

**Warning: The information contained in this form is protected under Public Law 93-579, Privacy Act.**

### USER INFORMATION

Carolyn	Haia	Gender (Optional) M <input type="radio"/> F <input checked="" type="radio"/>	
First Name*	M/I	Last Name*	305-809-3910
Project & Grants Manager			Office Phone*
Title	2850		305-292-8285
City of Key West	Recipient ID		FAX Number
Organization Name*			chaia@keywestcity.com
Mailing Address (Street Number, City, State and ZIP Code)*			Email Address*
627 Palm Avenue			<i>Myra H Wittenberg</i>
P.O Box 1078			User's Authorizing Signature (see instructions)
Key West, FL 33040			Myra H. Wittenberg <span style="float: right;">9-13-12</span>
			Printed Name of above
			Date

\*This information is required to establish or modify your TEAM user account. By completing this form, you expressly attest that information provided is true and complete to the best of your knowledge. Invalid information will be grounds for refusal to establish a new user account or the basis for deletion of an existing TEAM account.

### APPLICATION ACCESS (Check all that apply).

<b>Database</b> <input type="checkbox"/> Production <input type="checkbox"/> Quality Assurance <input checked="" type="checkbox"/> Both Production and QA	<b>Recipient PIN Functions</b> <input checked="" type="checkbox"/> Submit Application <input checked="" type="checkbox"/> Execute Awards <input type="checkbox"/> Certify as Lawyer <input type="checkbox"/> Certify as Official <input type="checkbox"/> Certify as Both Lawyer and Official <input checked="" type="checkbox"/> Provide Supplemental Agreement	<b>Designated Recipient ID(s) (Indicate Below)</b> 2850 _____ _____ _____ _____ _____ <b>Metropolitan Planning Organization (MPO) ID</b> N/A (LCB / CTC)
<b>Recipient Access Type</b> <input type="checkbox"/> Inquiry Only <input checked="" type="checkbox"/> Modify/Update		
<b>Civil Rights (No PIN Needed)</b> <input checked="" type="checkbox"/> DBE Reporting		

*(PIN Functions require Designation of Signature Authority on Organization/Agency Letterhead. See instructions).*

### ACKNOWLEDGMENT OF RULES OF CONDUCT FOR SYSTEM USE

As a TEAM user, I understand that I am personally responsible for the use and misuse of my TEAM login ID and password. I understand that by requesting TEAM access and accepting/using such access that I must comply with the following:

1. When downloading sensitive information, I will ensure that the information has the same level of protection as FTA applications.
2. I will not permit anyone to use my TEAM access information (i.e. user ID, password or other authentication). My password (or other authentication) will be kept private, not stored in a place that is accessible by anyone other than the myself (i.e. family members, friends, etc.). If stored, the password will not be in text format.
3. I will follow standard password procedures and change my password every sixty (60) days. My passwords will be at least twelve (12) alphanumeric characters and contain at least three of the following: one (1) capital letter, one (1) lower case letter, one (1) number and one (1) special character.
4. I will report any security problems and anomalies in system performance to the appropriate FTA Office.
5. I will notify the appropriate FTA Office to eliminate my TEAM access in the event of job transfer, termination, or if TEAM access is no longer required.
6. I understand that if I am not using FTA-supplied equipment and FTA suffers a security breach or compromise that is my fault, I may be required to allow access to my equipment by authorized representatives of the Federal Government to determine the causes and to take corrective action(s).

I agree to and will comply with all of these conditions and understand that failure to do so will result in permanent removal of my TEAM access, and may result in other disciplinary or legal action. By signing my name in the space below, I hereby acknowledge this agreement, and certify that I understand the preceding terms and provisions and that I accept the responsibility of adhering to the same.

*Carolyn Haia* \_\_\_\_\_ 9/13/12 \_\_\_\_\_  
 Signature Date Printed Name

### FTA AUTHORIZATION

<b>FTA Functional Approval</b>  Signature of Authorizing FTA Official _____ Date _____  Printed Name _____  Title / Office _____	<b>FTA Operational Approval</b>  Signature of Authorizing FTA Official _____  Printed Name _____  Title / Office _____  Date Processed _____ User ID _____
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