****

 **Crisis Management Systems Account Request Form**

 Please complete all sections of this form and return to webeocsupport@vdem.virginia.gov

|  |
| --- |
| **1. Applicant Information** |
| Name *(last, first, middle initial)*       |
| Email Address       |
| Title       | Location       |
| Office Phone       [ ]  primary  | Mobile Phone       [ ]  primary |
| Department        | Agency/Locality/Organization        |
| Supervisor       | Supervisor Title        |
| Supervisor Email       | Supervisor Phone        |

|  |
| --- |
| **2. Account Options** |
| *Please select the appropriate role. This section is required to process account application.* |
| [ ]  Locality  | Locality name:       |
| [ ]  Incident Management Team  | IMT name:       |
| [ ]  State Agency | [ ]  Federal Agency | Agency name:       |
| [ ]  VDEM/VEOC/VEST | VDEM/VEOC/VEST Role:       |  |
| [ ]  Other | Please describe:       |
| I certify that I require access to the Virginia Department of Emergency Management’s Crisis Management System to carry out my job responsibilities. I further certify that I have read, understand and will comply with the Information Security Access Agreement and acknowledge that failing to comply with that Agreement could result in disciplinary action and/or denial of access to the system.See the VDEM Crisis Management System Information Security Access Agreement I Agree Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

|  |
| --- |
| **3. VDEM/VEST and I. T. Use Only** |
| VDEM/VEST Approval of Account RequestIt is certified that this applicant requires access to WebEOC and the request is approved.Training Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature)VEST Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_(signature)Information Security Officer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature) |
| Username       | Position(s)       |
| Account created by       | Date created       |



 Virginia Department of Emergency Management

 Crisis Management System

 Information Security Access Agreement

As a user of WebEOC Crisis Management System (CMS) which is operated by the Virginia Department of Emergency Management (VDEM), I understand and agree to abide by the following terms which govern my access to and use of VDEM’s WebEOC CMS.

Access has been granted to me by VDEM as a necessary privilege in order to perform authorized job functions. I am prohibited from using or knowingly permitting use of any assigned or entrusted access control mechanisms (such as log-in IDs and/or passwords) for any purpose other than those required to perform my authorized employment functions;

If, due to my authorized job functions, I require access to other information on VDEM’s WebEOC CMS, I must obtain authorized access to that information from the Data Owner;

I will not disclose information concerning any access control mechanism of which I have knowledge unless properly authorized to do so by VDEM, and I will not use any access mechanism which has not been expressly assigned to me;

I agree to abide by all applicable Commonwealth of Virginia and VDEM policies, procedures and standards which relate to the security of VDEM computer systems and the data contained therein;

If I observe any incidents of non-compliance with the terms of this agreement, I am responsible for reporting them to the information security officer and management of VDEM;

By signing this agreement, I hereby certify that I understand the preceding terms and provisions and that I accept the responsibility of adhering to the same. I further acknowledge that any infractions of this agreement will result in disciplinary action, including but not limited to the termination of my access privileges.