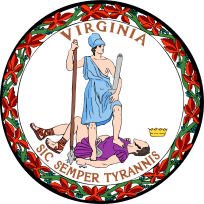
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**Crisis Management Systems Account Request Form**

Please complete all sections of this form and return to [webeocsupport@vdem.virginia.gov](mailto: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 Request  It 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.