# DoD Account Request Instructions (USAMRMC and Subordinate Commands and other Department of Defense Organizations)

**FORMS NEEDED:**
*eIT PMO Product Account Request Form;
*Current DoD IA Training Certificate *(Note: For Army, this is the DA Form 87, Cyber Awareness Challenge Exam Certificate)*

**INSTRUCTIONS:**

**1a. *eIT PMO Account Request Form:** Fill out and Sign Section A only (fillable online), General Information

| SECTION A - GENERAL INFORMATION (To be completed by AIASO) | | |
|---|---|---|
| **1. SERVICES REQUESTED:** 1b. Additional Account | **1e. PRESENT USER ID/ACCOUNT (if applicable):** N/A | **1f. REASSIGN FILES TO:** N/A |

**2. TYPE OF SERVICE REQUESTED:** ☐ 2a. General Basic  ☒ 2b. Special *(complete below)*

Special Services: ACCOUNT REQUEST: [Insert eIT Product Name(i.e. EDMS,EDC,SAE, eCTD)]
[Insert access you are requesting and/or POC who requested you obtain an account]

**3. USER INFORMATION:**
3a. Rank/Title: i.e. Mr/Ms/CPT   3b.Name *(First MI Last)*: [Requester Full Name]
3c. Status: ☐ Military  ☐ Civilian  ☐ Student  ☐ Contractor  ☐ Foreign National
3d. Street Address: [Organization Street Address]   3e. ZIP Code: [Zip]
3f. Organization/Activity: [Org Name, i.e. eIT PMO]   3g. *Company: [Contractor's Company if app]
3h. Office Symbol: [Org Office Symbol if applicab]   3i. Bldg No/Room No: [Insert]
3j. Telephone No: COMM: [Work Number]   DSN: [if applicable]   FAX: [if applicable]

**4. EFFECTIVE DATE OF REQUEST:** *(YYYYMMDD)* [Insert Date of Request]
**5. AKO E-MAIL ADDRESS:** [Insert Work Email Address i.e. @mail.mil address]

**6. COMMENTS/NOTES:**
REQUESTOR COMPLETE SECTION A - GENERAL INFORMATION
ROUTING: SEND TO usarmy.detrick.medcom-usamrmc.other.eit-pmo@mail.mil
(ATTACH CURRENT DoD IA CERTIFICATE OF TRAINING)

| 7a. AIASO Printed Name: N/A | 7b. Requestor  Sign Electronically | 7c. Date Signed: *(YYYYMMDD)* [Insert Date Signed] |
|---|---|---|

**1b. *DoD IA Training Attachment:**

- ❖ **Attach a copy of your DoD IA Training Certificate.**
    - ▪ **For Army, this is the DA Form 87 Cyber Awareness Challenge Exam Certificate. If your training is tracked in ATCTS, you can access your most recent certificate at https://ia.signal.army.mil/login.asp; 'View Scores and Print Certificates'.**
    - ▪ **If you have not completed IA training, log in with CAC or NoN CAC Login (guest account) to https://ia.signal.army.mil/login.asp. Access the training and take the exam at this site.**

**ROUTING:**

**Requestor will email/route the eIT PMO Product Account Request Form and IA certificate to** the **eIT PMO Mailbox:**

**usarmy.detrick.medcom-usamrmc.other.eit-pmo@mail.mil**

# REQUEST FOR COMPUTER SERVICES

| | |
|---|---|
| **AUTHORITY:** | For use of this form see USAMRMC Memorandum 25-2 |
| **PRINCIPAL PURPOSE:** | To request initial account or request changes to existing account. |
| **ROUTINE USES:** | To establish USAMRMC accounts. |
| **DISCLOSURE:** | Mandatory. Failure to provide this information could result in the applicant not being able to receive an account. |

## SECTION A - GENERAL INFORMATION    *(To be completed by AIASO)*

| 1. SERVICES REQUESTED: | 1e. PRESENT USER ID/ACCOUNT (if applicable): | 1f. REASSIGN FILES TO: |
|---|---|---|
| 1b. Additional Account | N/A | N/A |

**2. TYPE OF SERVICE REQUESTED:**    ☐ 2a. General Basic    ☒ 2b. Special *(complete below)*

*Special Services:*    ACCOUNT REQUEST: _____

**3. USER INFORMATION:**

3a. Rank/Title: _____    3b. Name *(First MI Last):* _____

3c. Status:    ☐ Military    ☐ Civilian    ☐ Student    ☐ Contractor    ☐ Foreign National

3d. Street Address: _____    3e. ZIP Code: _____

3f. Organization/Activity: _____    3g. *Company: _____

3h. Office Symbol: _____    3i. Bldg No/Room No: _____

3j. Telephone No:    COMM: _____    DSN: _____    FAX: _____

| 4. EFFECTIVE DATE OF REQUEST: *(YYYYMMDD)* | 5. E-MAIL ADDRESS: |
|---|---|

**6. COMMENTS/NOTES:**
REQUESTOR COMPLETE SECTION A - GENERAL INFORMATION
ROUTING: SEND TO usarmy.detrick.medcom-usamrmc.other.eit-pmo@mail.mil
(ATTACH CURRENT DoD IA CERTIFICATE OF TRAINING, eIT AUP; IF APPLICABLE)

| 7a. AIASO Printed Name: | 7b. F Yei Yghcf˙ | 7c. Date Signed: *(YYYYMMDD)* |
|---|---|---|
| N/A | | |

## SECTION B - AUTHENTICATION    *(To be completed by Responsible Functional Proponent, as appropriate)*

| 1. System: | 2. Privileges: | 3. Date Signed: *(YYYYMMDD)* | 4. Proponent Signature: |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

## SECTION C - VERIFICATION    *(To be completed by Security Officer)    SECTION C NOT APPLICABLE FOR eIT ACCOUNT*

| 1. Status: | 2. Date Signed: *(YYYYMMDD)* | 3. Security Officer Signature: |
|---|---|---|
| | | |

## SECTION D - APPROVAL    *(To be completed by IASO)*

| 1. IASO Printed Name: | 2. IASO Signature: | 3. Date Signed: *(YYYYMMDD)* |
|---|---|---|
| | | |