**State of Missouri**

**Office of Administration**

**State Fleet Management Program**

Post Office Box 809, Jefferson City, MO 65102

Interagency Mail: Room 760, Truman Building

573/751-4534, FAX 573/751-7819

fleet.management@oa.mo.gov

**STATE FLEET INFORMATION SYSTEM**

**AGENCY SECURITY REQUEST FORM**

## Instructions

1. Fleet System users must have a mainframe id.
2. For more information please go to: <http://oa.mo.gov/general-services/state-fleet-management/fleet-information-system>
3. Send completed forms to: fleet.management@oa.mo.gov

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| --- |
| USER INFORMATION |
| Last Name |       |
| **First Name** |       |
| **Mainframe Id (RACF ID)** |       |
| **Email Address** |       |
| **Phone Number (With Area Code)** | (     )      -      |
| **SAM II Agency Code** |       |
| **SAM II Organization Code(s)** |       |       |       |       |
| Users are given access to all reporting organization codes unless otherwise specified by the agency. |
| **VEHICLE DATA** (check Level 2 or 3)[ ]  Level 2: Update [ ]  Repair Request (primarily for Jefferson City based vehicles)[ ]  Level 3: Inquiry Only **DRIVER DATA** (Data is highly confidential and cannot be restricted to specific SAM II organization codes. Any access granted at this level will be for the entire SAM II agency). Requires signature from department level security coordinator/fleet manager. [ ]  Level 2: Update [ ]  Level 3: Inquiry Only  |
| AGENCY SECURITY COORDINATOR APPROVAL |
| **Name:**  |       |
| **Email:** |       |
| **Phone**:  |       |
| DATE SUBMITTED |       |
| **STATE FLEET MANAGEMENT USE ONLY** |
| Added to Fleet Security Table |  |
| Helpdesk Ticket Submitted to ITSD |  |
| Agency Notified |  |