

REQUEST FOR NEW ACCOUNTS, COMPETENCY TRANSFER OR PHYSICAL MOVES (SPAWAR, NAVY ERP, NMCI, and Telephone)

For SAAR-N and IA Training Certificates, please deliver the **original** forms directly to your local IA office for processing.
Fax this completed form for account transactions to 843-218-5229, bring it to the IT Help Desk (Building 3147, Room 1017, MEC), or email a digitally signed copy to SSC LANT RDT&E Help Desk. For assistance, call the Charleston IT Help Desk at 843-218-4221.

TYPE OF REQUEST (SPAWAR employee or contractor account): ☐ New ☐ Update ☐ Remove

EMPLOYEE INFORMATION

NAME (Last name, First, MI)	EMAIL (Must be contractor or Navy)
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>CHECK APPROPRIATE BOX</p> <p><input type="checkbox"/> Civilian</p> <p><input type="checkbox"/> Military, Rank</p> <p><input type="checkbox"/> Contractor</p> <p><input type="checkbox"/> Intern</p> <p><input type="checkbox"/> STEP</p> <p><input type="checkbox"/> Other</p> </div> <div style="width: 48%;"> <p>TYPE OF CHANGE (If applicable)</p> <p><input type="checkbox"/> Name, Old name</p> <p><input type="checkbox"/> Move</p> <p><input type="checkbox"/> Competency</p> <p><input type="checkbox"/> Converting Employee</p> <p><input type="checkbox"/> Other</p> </div> </div>	

NEW COMPETENCY	OLD COMPETENCY (If changing)	Unit Identification Code (UIC)
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CONTRACTOR SPECIFIC INFORMATION

COMPANY NAME	COMPANY TELEPHONE
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NEW LOCATION INFORMATION

SITE	BUILDING NUMBER	
COLUMN NUMBER	CUBE/OFFICE NUMBER	JACK # (White wall box location)

OLD LOCATION INFORMATION

SITE	BUILDING NUMBER	
COLUMN NUMBER	CUBE/OFFICE NUMBER	JACK # (White wall box location)

CONTACT INFORMATION

GOVERNMENT LEAD/POC (Last name, first, MI)	TELEPHONE
POINT OF CONTACT (Last name, first, MI)	TELEPHONE
ADMINISTRATIVE ASSISTANT (Last name, first, MI)	TELEPHONE

NAVY ERP INFORMATION

DO YOU HAVE CAC CARD?	EDIPI NUMBER
<input type="checkbox"/> Yes <input type="checkbox"/> No	
DO YOU NEED A NAVY ERP ACCOUNT?	HAVE YOU PREVIOUSLY HAD NAVY ERP ACCOUNT?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
PREVIOUS PERSONNEL NUMBER (PERNR)	

NMCi INFORMATION		
SERVICE REQUIRED <input type="checkbox"/> Desktop <input type="checkbox"/> Laptop <input type="checkbox"/> 38AC - Terminal Services <input type="checkbox"/> Account Only <input type="checkbox"/> None (Skip to TELEPHONE INSTALL/MOVE)	DO YOU CURRENTLY OR HAVE YOU EVER HAD AN NMCi ACCOUNT? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what is/was your USER NAME OR EMAIL ADDRESS <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>	
FOR FULL NMCi SEATS, DO YOU NEED A DEVELOPER UPGRADE? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HAS SEAT/ACCOUNT BEEN ORDERED IN SAMSON/EMS? <input type="checkbox"/> Yes <input type="checkbox"/> No (https://cne.cse.spawar.navy.mil/samsonWebApp)	If YES, under what name was it ordered in SAMSON/EMS (Last, First, MI) <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	
IS THERE AN EXISTING NMCi SEAT YOU WILL BE USING? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what is the ASSET ID/COMPUTER NAME <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	
TELEPHONE INSTALL/MOVE		
If you are not located in Charleston, skip to the APPROVAL section. Telephone requests for all non-Charleston locations should be addressed through your local Telecom Office.		
ARE YOU REPLACING THE CURRENT CUBICLE OCCUPANT? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, NAME OF PREVIOUS OCCUPANT (Last, First, MI) <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	TELEPHONE <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
ARE YOU MOVING INTO THIS CUBICLE WITH SOMEONE ELSE? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, NAME OF CURRENT OCCUPANT (Last, First, MI) <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	TELEPHONE <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
DO YOU NEED A NEW PHONE? <input type="checkbox"/> Yes <input type="checkbox"/> No	TYPE OF PHONE <input type="checkbox"/> Digital <input type="checkbox"/> Analog <small>Analog phones are provided. Digital phones must be purchased through your competency.</small>	
DO YOU NEED A NEW EXTENSION OR HAVE AN EXISTING EXTENSION? <input type="checkbox"/> New <input type="checkbox"/> Existing		If EXISTING, what is EXTENSION? <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
HOW SHOULD NAME APPEAR ON TELEPHONE? <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	DO YOU NEED VOICEMAIL? (Subject to Supervisor approval) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are unable to answer your phone, do you want it to forward to another SPAWAR extension or to the Command Voice Mail (CVM)? <input type="checkbox"/> CVM (Default) <input type="checkbox"/> Forward to Extension <div style="border: 1px solid black; width: 150px; height: 15px; display: inline-block; margin-top: 5px;"></div> <input type="checkbox"/> None (Do not Forward)	SPECIAL INSTRUCTIONS <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>	
REMARKS/COMMENTS <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>		
APPROVAL		
SUPERVISOR/GOVERNMENT LEAD (Printed name) <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>	DATE <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>	SIGNATURE <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>