

VIRGINIA DEPARTMENT OF TRANSPORTATION
REQUEST FOR ACCESS TO THE LOCATION AND DESIGN DIVISION FALCON WEB
SITE FOR NON CRITICAL INFRASTRUCTION INFORMATION

(Please print legibly)

Employees Name: _____
(Print)

(Firm) Name: _____

Street Address or P.O. Box: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Phone: _____ Fax: _____

Authorized Officers Name: _____
(Print)

NOTE: Each employee of a firm who will be using the Falcon Web Site will need an individual login approved by the authorized officer of the firm. You will be notified via e-mail as soon as your login request has been completed.

Reason for Access and Comments: _____

Please check if you are a Consultant and/or a Contractor or other

PLEASE NOTE THAT IF YOU ARE TRYING TO AQUIRE ACCESS TO CRITICAL INFRASTRUCTURE INFORMATION (CII) YOU WILL NEED TO GO TO THE FOLLOWING WEB PAGE FOR SEPARATE INSTRUCTIONS:

<http://www.virginiadot.org/business/const/CII-CriticalStructureInformation.asp>

Location and Design Division Use Only

VDOT Coordinator Name: _____

Date Received: _____ Notification of logon date: _____

Method of Notification: _____

User ID: _____ Password: _____

Please fax the request and security agreement forms to the CADD Support Desk at (804) 786-5157. If you have any questions regarding access to Falcon, please call the CADD Support Desk at (804) 786-1280 or call the toll free number (888) 683-0345.



LOCATION AND DESIGN EXTERNAL USER SECURITY AGREEMENT

I, _____ an authorized officer of _____ acknowledge that I have authorized _____ to have access to the Virginia Department of Transportation's (VDOT) Falcon System in performance of their official duties, including licensed software, hardware, and data of VDOT. I agree that I am responsible for this employee's actions while using the VDOT Falcon web site. Upon the employee's termination, I will notify the Customer Service Desk within two (2) working days.

Signature of the Authorized Officer _____
Date

Phone #: _____ e-mail address: _____

I, _____ an employee of _____, acknowledge that the data contained in and accessed using the information systems and network of VDOT, and the VDOT Falcon System, which I use in the course of performing my duties, is the property of the Commonwealth of Virginia. This includes all systems and data used, regardless of where the system or data resides, to conduct the business of VDOT. Although I have access to data, I shall not read, disclose, provide, or otherwise make available, in whole or in part, such information other than to other employees, consultants, or contractors of _____ to whom such disclosure is authorized and who have a need to know. Such disclosure shall be in confidence for purposes specifically related to the business of VDOT and the Commonwealth of Virginia.

I agree that logon Ids and passwords are not to be shared.

I understand and agree that the Falcon computer resources and equipment are the property of VDOT and are to be used for official business only, and are not for personal use. I understand that VDOT reserves the right to monitor, access and disclose at its discretion any communications using its system and therefore I should have no expectation of privacy. I also understand it is my responsibility to protect the data and systems from damage or destruction, both tangible and intangible.

I agree that my obligations with respect to the confidentiality and security of all information disclosed to me shall survive the termination of any agreement or relationship with VDOT.

I shall take all appropriate action, whether by instruction, agreement or otherwise, to ensure the protection, confidentiality and security of the information and automated systems, to satisfy my obligations under this Agreement. I will perform my duties with quality and integrity, in a professional manner, and in keeping with established standards. I will report all violations of information security immediately to the VDOT Location and Design Customer Service Desk by e-mail to COLNDHELPDESK@VirginiaDOT.org.

This Agreement shall be interpreted in accordance with the laws of the Commonwealth of Virginia.

ACKNOWLEDGED

Name of Falcon Logon Applicant (Print) _____
Date

Signature of Falcon Logon Applicant _____
Date

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