

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

Fill out this form in its entirety and fax to 843-218-5229, bring it to the IT Help Desk (Building 3147, Room 1017, MEC), or email a digitally signed copy to ssclant_acctsmgmt.fcm@navy.mil. For assistance, call the Charleston IT Help Desk at 843-218-2487.

For SAAR-N and IA Training Certificates, please deliver the **original** forms directly to your local IA office for processing.

TYPE OF REQUEST (SPAWAR employee or contractor account): New Update Other (Must specify in REMARKS/COMMENTS section)

EMPLOYEE INFORMATION

NAME (Last, First, Middle initial - Required)		EMAIL (Must be business or navy.mil address)	
DO YOU HAVE COMMON ACCESS CARD (CAC)? <input type="checkbox"/> Yes <input type="checkbox"/> No		EDIPI NUMBER (DoD ID on back of CAC)	
CHECK APPROPRIATE BOX		TYPE OF CHANGE (If applicable)	
<input type="checkbox"/> Civilian		<input type="checkbox"/> Name, Old name	
<input type="checkbox"/> Military, Rank		<input type="checkbox"/> Move	Facilities Tracking #
<input type="checkbox"/> Contractor		<input type="checkbox"/> Competency	Note: For moves/space requests, you must first submit SPAWARSYSCENLANT 5900/2 and obtain a Facilities Tracking #. Do not submit SPAWARSYSCENLANT 5230/8 until the 5900/2 is approved.
<input type="checkbox"/> Intern		<input type="checkbox"/> Converting Employee	
<input type="checkbox"/> STEP		<input type="checkbox"/> SPAWAR Account	
<input type="checkbox"/> Other		<input type="checkbox"/> Other	
NEW/CURRENT COMPETENCY	OLD COMPETENCY (If changing)	NEW UNIT IDENTIFICATION CODE (UIC)	OLD UIC (If changing)

CONTRACTOR SPECIFIC INFORMATION

 New

COMPANY NAME	COMPANY TELEPHONE	FULL CONTRACT NUMBER
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NEW/CURRENT LOCATION INFORMATION

SSC ATLANTIC SITE OR NON-SSC ATLANTIC FACILITY (Full physical address)			BUILDING NUMBER/FLOOR
COLUMN NUMBER	CUBE/OFFICE NUMBER	JACK # (White wall box location)	PERSON REPLACING (If applicable)

OLD LOCATION INFORMATION (If changing)

SSC ATLANTIC SITE OR NON-SSC ATLANTIC FACILITY (Full physical address)			
BUILDING NUMBER/FLOOR	COLUMN NUMBER	CUBE/OFFICE NUMBER	JACK # (White wall box location)

CONTACT INFORMATION

SUPERVISOR/GOVERNMENT LEAD (Last name, First, MI)	TELEPHONE
POINT OF CONTACT FOR NOTIFICATION/QUESTIONS (Last name, First, MI)	TELEPHONE
ADMINISTRATIVE ASSISTANT (Last name, First, MI)	TELEPHONE

NAVY ERP INFORMATION

Not applicable

DO YOU NEED A NAVY ERP ACCOUNT? HAVE YOU PREVIOUSLY HAD A NAVY ERP ACCOUNT? PREVIOUS PERSONNEL NUMBER (PERNR)
 Yes No Yes No _____

ALL NEW GOVERNMENT EMPLOYEES RECEIVE BASIC USER ROLE. Please identify additional roles if applicable. Brief justification required for roles outside of competency indicated.

- New Supervisor of Record IPT Lead/PM Material/Service Procurement (4.3/6.1) Time Keeper (8.9) PBFM (1.2)
 P-Card Holder (4.3) Logistics - Receiving Logistics - Transportation Other _____

REMARKS/COMMENTS

NMCI INFORMATION

Not applicable

<p>SERVICE REQUIRED</p> <p><input type="checkbox"/> NMCI Account <input type="checkbox"/> Port Activation (NMCI Only)</p> <p><input type="checkbox"/> NMCI Desktop <input type="checkbox"/> Citrix Portal Access (38AC - \$200/mo)</p> <p><input type="checkbox"/> NMCI Laptop</p> <p><input type="checkbox"/> Move (NMCI Only)</p> <p>HAS SEAT/ACCOUNT BEEN ORDERED IN EMS?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (https://iss.cse.spawar.navy.mil/EMS)</p> <p>IS THERE AN EXISITING NMCI SEAT YOU WILL BE USING?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>DO YOU CURRENTLY OR HAVE YOU EVER HAD AN NMCI ACCOUNT?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, what is/was your USER NAME OR EMAIL ADDRESS _____</p> <p>FOR FULL NMCI SEATS, DO YOU NEED A DEVELOPER UPGRADE?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, under what name was it ordered in EMS (Last, First, MI) _____</p> <p>If YES, what is the ASSET ID/COMPUTER NAME _____</p>
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TELEPHONE INSTALL/MOVE

Not applicable

If you are located outside of Charleston, skip to the APPROVAL section. Telephone requests for all non-Charleston locations should be addressed through your local Telecom Office.

<p>ARE YOU REPLACING A CURRENT CUBICLE OCCUPANT?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>ARE YOU MOVING INTO THIS CUBICLE WITH SOMEONE ELSE?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>DO YOU NEED A NEW PHONE?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>DO YOU NEED A NEW EXTENSION OR HAVE AN EXISTING EXTENSION?</p> <p><input type="checkbox"/> New <input type="checkbox"/> Existing</p>	<p>If YES, NAME OF PREVIOUS OCCUPANT (Last, First, MI) TELEPHONE _____</p> <p>If YES, NAME OF CURRENT OCCUPANT (Last, First, MI) TELEPHONE _____</p> <p>TYPE OF PHONE Analog phones are provided. Digital phones must be purchased through your competency.</p> <p><input type="checkbox"/> Digital <input type="checkbox"/> Analog</p> <p>If EXISTING, what is EXTENSION? _____</p>
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<p>HOW SHOULD NAME APPEAR ON TELEPHONE?</p> <p>_____</p> <p>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)?</p> <p><input type="checkbox"/> CVM (Default)</p> <p><input type="checkbox"/> Forward to Extension _____</p> <p><input type="checkbox"/> None (Do not Forward)</p>	<p>DO YOU NEED VOICEMAIL? (Subject to Supervisor approval)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>SPECIAL INSTRUCTIONS</p> <p>_____</p> <p>_____</p>
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REMARKS/COMMENTS

APPROVAL

Requests for contractors must be signed by a Tier 3 Supervisor or above.

SUPERVISOR/GOVERNMENT LEAD (Printed name)	DATE	SIGNATURE
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