



DCS ACCESS REQUEST FORM

All completed applications must be emailed to [CTD DCS Administrator](#)

| REQUEST TYPE | | | | |
|--|---|--|---|--|
| <input checked="" type="radio"/> New Access | | <input type="radio"/> Terminate Access | | DATE Requested <input type="text"/> |
| ACCESS REQUESTED | | | | |
| <input checked="" type="radio"/> Community Transportation Coordinator (CTC) | <input type="radio"/> County Planner | <input type="radio"/> CTD Area Manager (CTD Staff ONLY) | <input type="radio"/> CTD APR Manager (CTD Staff ONLY) | <input type="radio"/> CTD Administration (CTD Staff Only) |

| USER INFORMATION | |
|---|----------------------|
| FIRST Name | LAST Name |
| <input type="text"/> | <input type="text"/> |
| EMAIL Address | PHONE |
| <input type="text"/> | <input type="text"/> |
| SERVING County/Counties <small>List ALL Authorized Counties for this User</small> | <input type="text"/> |

| ORGANIZATION INFORMATION | | |
|---------------------------|--|----------------------|
| MANAGER FIRST Name | LAST Name | |
| <input type="text"/> | <input type="text"/> | |
| EMAIL Address | PHONE | |
| <input type="text"/> | <input type="text"/> | |
| ORGANIZATION Name | SERVING County/Counties <small>List ALL Authorized Counties for this Organization</small> | |
| <input type="text"/> | <input type="text"/> | |
| ADDRESS | | |
| <input type="text"/> | <input type="text"/> | |
| CITY | STATE | ZIP |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

User's Acceptance of Conditions

I understand that every person is responsible for system security to the degree that his or her job requires the use of information and associated systems. All users are responsible for using information resources only for the purposes for which they are intended, to comply with all controls, established resource owners and custodians, and for protecting information against unauthorized disclosure. I also understand it is the user's responsibility to protect all of his or her passwords from being disclosed and to refuse to accept any other user's password.

User's Signature _____ **Date** _____

Manager's Signature _____ **Date** _____

| OFFICIAL USE FOR FLORIDA COMMISSION FOR THE TRANSPORTATION DISADVANTAGED | |
|--|-----------------------------|
| Applicant is hereby authorized for DCS System access and notified of their access as of: | |
| Date: _____ | Administrator: _____ |



Data Collection System (DCS) Access Request Form

| | |
|---|--|
| Purpose | <p>Effective June 30, 2017, the Florida Commission for the Transportation Disadvantaged (CTD) requires this form to be completed for the purpose of granting authorized user access to the Data Collection System (DCS).</p> |
| Form Instructions | <p>Only one person per fillable form.</p> <p>Request Type select either New or Terminate access.</p> <p>Access Requested:</p> <ul style="list-style-type: none"> • Community Transportation Coordinator (CTC) • County Planner • CTD Area Manager <i>[CTD staff only]</i> • CTD APR Manager <i>[CTD staff only]</i> • CTD Administrator <i>[CTD staff only]</i> <p>All requests must be Completed and Submitted by:</p> <ul style="list-style-type: none"> • Manager of the designated county Community Transportation Coordinator (CTC), or • Manager of the designated county Planning Agency, or • CTD Executives for CTD staff members. <p>All requests must be Signed and Dated by:</p> <ul style="list-style-type: none"> • User • Manager or CTD Executive <p>All Completed Forms must be Scanned, Converted to a PDF, and SAVED AS file name indicating "DCS Request" followed by county name, specify either CTC, Planner or CTD staff and date submitted (using a 4-digit year, month and day), first initial and last name format, as illustrated in the example below:</p> <p style="padding-left: 40px;"><i>DCS Request Leon County CTC 20190701 SSue</i> <i>DCS Request Leon County CTC 20190701 PCake</i></p> |
| Email Submit Completed PDF Forms | <p>CTD DCS Administrator</p> <p>Subject Line format using the words "DCS User Access Request" followed by the county name and specify either CTC, Planner or CTD staff format, as illustrated in the example below:</p> <p style="padding-left: 40px;"><i>DCS User Access Request – Leon County CTC</i></p> <p>Message Body of the email indicate the names of the individuals for which you are requesting access to the DCS System, as illustrated in the example below:</p> <p style="padding-left: 40px;"><i>Requesting DCS System access for Sally Sue and Patti Cake</i></p> <p>Attach PDF document(s) containing the completed access request form.</p> |