

DCS ACCESS REQUEST FORM

All completed applications must be emailed to CTD DCS Administrator

Disdovantageo				
REQUEST TYPE			_	
• New Access	C Terminate Access		DATE Requested	
ACCESS REQUESTED				
Community Transportation County CTD COUNTY CITE (CTD		Area Manager Staff ONLY)	CTD APR Manager (CTD Staff ONLY)	CTD Administration (CTD Staff Only)
USER INFORMATION				
FIRST Name		LAST Name		
EMAIL Address		PHONE		
SERVING County/Counties List ALL Authorized Counties for this Us				
	•			
ORGANIZATION INFO	RMATION			
MANAGER FIRST Name		LAST Name		
EMAIL Address		PHONE		
ORGANIZATION Name		SERVING County/Counties List ALL Authorized Counties for this Organization		
ADDRESS				
CITY			STATE	ZIP
User's Acceptance of Co	onditions			
I understand that every person is respo users are responsible for using informati and custodians, and for protecting info passwords from being disclosed and to	onsible for system security to the ion resources only for the purpo ormation against unauthorized	oses for which they are inte disclosure. I also understar	nded, to comply with all controls, ϵ	established resource owners
User's Signature			Date	
Manager's Signature			Date	
OFFICIAL USE FOR I	FLORIDA COMMISS	SION FOR THE IR.	ANSPORTATION DISA	DVANTAGED
Applicant is hereby authorize				
Date: Administrator:				



Data Collection System (DCS) Access Request Form

Purpose	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).			
Form Instructions	Only one person per fillable form.			
	Request Type select either New or Terminate access. Access Requested: Community Transportation Coordinator (CTC)			
	 County Planner CTD Area Manager [CTD staff only] CTD APR Manager [CTD staff only] CTD Administrator [CTD staff only] 			
	 All requests must be Completed and Submitted by: Manager of the designated county Community Transportation Coordinator (CTC), or Manager of the designated county Planning Agency, or CTD Executives for CTD staff members. 			
	All requests must be Signed and Dated by: • User • Manager or CTD Executive			
	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: DCS Request Leon County CTC 20190701 SSue DCS Request Leon County CTC 20190701 PCake			
Email Submit	CTD DCS Administrator			
Completed PDF Forms	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: DCS User Access Request – Leon County CTC			
	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: Requesting DCS System access for Sally Sue and Patti Cake			
	Attach PDF document(s) containing the completed access request form.			