

External User Account Request Form



(Select the application(s) you are requesting access)

INSTRUCTIONS

To obtain access to an external application, applicants must complete the following steps and their Supervisor must submit this form.

- 1) Complete all required fields, read and **agree** to the "Rules of Behavior".

NOTE: Applicant's supervisor shall submit the form using their official Government email address.

[Acceptable email extensions include: .gov .mil .us]

- 2) Forward this form to your immediate supervisor for verification, contact information, and affirmation.
- 3) Your supervisor submits this form to the appropriate application mailbox(es) below:

eOA: eo-support@gsa.gov

eRETA: ereta@gsa.gov

NCMMS: ncmms.support@gsa.gov

NOTE: Once we process your request, you will receive instructions on completing the particular application's access requirements. Follow the instructions in that separate validation email to activate your account.

STEP 1: APPLICANT'S CONTACT INFORMATION

Last Name:		First Name:	Middle Initial:
Email Address:		Work Phone Number:	
Business Justification: <i>(why do you need access to the system?)</i>			
Agency:			
Work Address:			
City:	State:	ZIP Code:	
AGENCY BUREAU CODE(S) AND USER ROLE REQUIRED (NOTE: NOT APPLICABLE TO NCMMS APPLICANTS)			
For each Non-sequential A/B Code use a comma to separate them; otherwise, use a hyphen to connect the first and last A/B Codes in succession and then separate by a comma [E.x., 4700,4702,4705-4708,4712, ...etc.]			
Type your required A/B Code(s):			
User Role: Does your role at your agency require you to input data into the PBS application? Type Y or N			

AGREEMENT TO "IT SYSTEM RULES OF BEHAVIOR"

I agree to abide by all security policies, standards, and procedures of my agency. I understand that GSA may monitor and audit my account usage and that using the system constitutes consent to such activities. I agree to use the system only for authorized purposes related to official business. I further agree that I am authorized to review the application's information for any and all Agency/Bureau Code(s) granted for my account. Should I leave my agency or transfer to another Department, I agree to immediately notify the appropriate application PM. Failure to comply with these rules will result in the disabling of this account privilege.

Type the word "Agree" to confirm you have reviewed and agree to the rules of behavior:

STEP 2: APPLICANT'S GOVERNMENT SUPERVISOR'S INFORMATION

Supervisor Last Name:	Supervisor First Name:
Supervisor Work Phone Number:	Supervisor Email:

AFFIRMATION - (ENTER NAME OR INITIALS AND DATE)

Applicant's Government Supervisor's Affirmation: Type Y or N

Date:

Supervisor must eMail completed form to: eo-support@gsa.gov, ereta@gsa.gov, and/or ncmms.support@gsa.gov