Root Equivalent Access Authorization

This form is to authorize root equivalent (hereafter referred to as root) access for an individual on OCF and SCF systems.

Section A: User Information

Last Name		First Name	Middle Initial
Official User Name (last name + number)	Clearance Level (Q, L, P)	Citizenship (if not U.S., include VTS/Fast Track numbers)	
Unclassified E-mail		Phone	
Regular LC User Name	Preferred Root User Name (8 character maximum)*		UID (for LC use only)

*Your root user name must be different from your regular and any other privileged user names

Section B: LLNL Employees Only

Directorate/Department/Division	Employee Number	L-Code

Section C: Non-LLNL Employees Student Information, and LLNL Off-Site Only Users

Complete Company or University Name and Address (including ZIP code)	
Company Supervisor or University Sponsor Name (please print)	Company Supervisor or University Sponsor Phone

Section D: User Agreement

Action Requested

☐ New Account(s) ☐ Renew Account(s)

I am aware that this form is for authorization purposes only and does not grant access to specific systems.

I certify that any root account that I am granted will only be used by me for authorized purposes. I certify that I understand and will follow the policies and procedures provided by my ISSO and/or AISSO for my root account on these systems.

I will change the initial password, if the System Administrator sets it for me, within one business day of receiving it.

I understand my root account password will be linked to my One Time Password (OTP) token where available. Otherwise, it will meet the DOE-specified password requirements as set forth in regulation DOE G 205.3-1. If the account is on the SCF, it will meet the additional requirement that it be machine generated. I am aware that I am required to change my password every six months if it is not linked to my OTP.

I will follow the appropriate protection guidelines for my root account password and the information contained on these systems.

I understand that my failure to follow any of the above policies and directions or to protect this privilege may result in disciplinary action and/or revocation of this privilege.

User Signature	Date

Section E: LLNL Supervisor/Sponsor Authorization

I request that the above user be granted root access. I am aware of the job responsibilities of this individual, and I certify that the business need is valid. I have verified that this user has the appropriate clearance needed, and I agree to notify the LC Support Hotline when this user no longer needs access.

LLNL Supervisor/Sponsor Name (please print)	LLNL Supervisor/Sponsor Signature	Date

Section F: ISSO Authorization

I certify that I am aware of this user's business need, and that I approve root access for this user.

ISSO Name (please print)	ISSO Signature	Date

Section G: ICCD Management Authorization

I am aware of the job responsibilities of this individual, and I certify that the user's business need is valid. I approve the user's access to the information.

ICCD Management Name (please print)**	ICCD Management Signature	Date

**Kim Cupps is primary Authorizer for ICCD Management (Terri Quinn may sign for Kim Cupps)

Mail or fax completed forms to LC Customer Service Group

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Questions? Contact the LC Customer Service Group by phone at (925) 422-4531, Option 2 or send e-mail to lc-support@llnl.gov