Transportation Electronic Award Management System (TEAM)
Grantee / Recipient User Access Request

Check Applicable Box:	☐ New User With Pin	☐ Modify User	**Username**
	☐ New User Without Pin	☐ Delete User	Name Change Request ☐

Warning: The information contained in this form is protected under Public Law 93-579, Privacy Act.

USER INFORMATION

Gender (Optional) M F

First Name* M/I Last Name* Office Phone*

Title FAX Number

Organization Name* Recipient ID Email Address*

Mailing Address(Street Number, City, State and ZIP Code)*

User's Authorizing Signature (see instructions)

Printed Name of above Date

**This is information is required to establish or modify your TEAM user account. By completing this form, you expressly attest that information provided is true and complete to the best of your knowledge. Invalid information will be grounds for refusal to establish a new user account or the basis for deletion of an existing TEAM account.*

APPLICATION ACCESS ***(Check all that apply).***

Database

- ☐ Production
- ☐ Quality Assurance
- ☐ Both Production and QA

Recipient Access Type

- ☐ Inquiry Only
- ☐ Modify/Update (PIN Functions)

Civil Rights (No PIN Needed)

- ☐ DBE Reporting

Recipient PIN Functions

- ☐ Submit Application
- ☐ Execute Awards
- ☐ Certify as Lawyer
- ☐ Certify as Official
- ☐ Certify as Both Lawyer and Official
- ☐ Provide Supplemental Agreement

Designated Recipient ID(s) (Indicate Below)

Metropolitan Planning Organization (MPO) ID

(PIN Functions require Designation of Signature Authority on Organization/Agency Letterhead. See instructions).

ACKNOWLEDGMENT OF RULES OF CONDUCT FOR SYSTEM USE

As a TEAM user, I understand that I am personally responsible for the use and misuse of my TEAM login ID and password. I understand that by requesting TEAM access and accepting/using such access that I must comply with the following:

1. When downloading sensitive information, I will ensure that the information has the same level of protection as FTA applications.
2. I will *not* permit anyone to use my TEAM access information (i.e. user ID, password or other authentication). My password (or other authentication) will be kept private, not stored in a place that is accessible by anyone other than the myself (i.e. family members, friends, etc.). If stored, the password will not be in text format.
3. I will follow standard password procedures and change my password every sixty (60) days. My passwords will be at least twelve (12) alphanumeric characters and contain at least three of the following: one (1) capital letter, one (1) lower case letter, one (1) number and one (1) special character.
4. I will report any security problems and anomalies in system performance to the appropriate FTA Office.
5. I will notify the appropriate FTA Office to eliminate my TEAM access in the event of job transfer, termination, or if TEAM access is no longer required.
6. I understand that if I am not using FTA-supplied equipment and FTA suffers a security breach or compromise that is my fault, I may be required to allow access to my equipment by authorized representatives of the Federal Government to determine the causes and to take corrective action(s).

I agree to and will comply with all of these conditions and understand that failure to do so will result in permanent removal of my TEAM access, and may result in other disciplinary or legal action. By signing my name in the space below, I hereby acknowledge this agreement, and certify that I understand the preceding terms and provisions and that I accept the responsibility of adhering to the same.

Signature ___/___/___ Date Printed Name

FTA AUTHORIZATION

FTA Functional Approval

Signature of Authorizing FTA Official ___/___/___ Date

Printed Name

Title / Office

FTA Operational Approval

Signature of Authorizing FTA Official

Printed Name

Title / Office

___/___/___ Date Processed UserID