Social Security Administration

APPLICATION FOR ACCESS TO SSA SYSTEMS
(TYPE OR PRINT CLEARLY- ALL ILLEGIBLE FORMS WILL BE RETURNED)

1. APPLICANT INFORMATION

☐ SSA EMPLOYEE   ☐ NON SSA EMPLOYEE

(Please specify) SEE INSTRUCTIONS

2. TYPE OF REQUEST (Please enter all previously issued PINS/TSO IDS)

2A. ☐ CREATE NEW   2B. ☐ CHANGE ACCESS/LOC/ORG

☐ PIN   PIN

☐ TSO ID   TSO ID

3A. ENVIRONMENT FOR ACCESS (Check only one)

☐ PRODUCTION

☐ INTEGRATION

☐ LAN ONLY

☐ ESEF (Complete block 3B)

3B. ESEF only (Check all that apply)

☐ ESEF TSO/BATCH

☐ ESEF CICS TEST

☐ ESEF CICS VALIDATION

4. (PRINT) LAST NAME   FIRST (OFFICIAL)   MI

5. SOCIAL SECURITY NUMBER

6. OFFICE/BRANCH CODE

7. SSA COMPONENT NAME OR EXTERNAL ORGANIZATION NAME

8. POSITION TITLE (See Instructions)

9. JUSTIFICATION/REMARKS

10. I HAVE READ AND UNDERSTAND THE SECURITY REQUIREMENTS AND PRIVACY ACT STATEMENT ON PAGE 2 OF THIS FORM.

☐ See continuation sheet

11A. APPLICANT'S SIGNATURE   **11B. DATE**   **11C. TELEPHONE**

RESERVED FOR REQUESTOR'S MANAGEMENT AUTHORITY

12A. (PRINT) REQUESTOR'S MANAGEMENT OFFICIAL'S NAME

12B. REQUESTOR'S MANAGEMENT OFFICIAL'S SIGNATURE

12C. TITLE   **12D. TELEPHONE**   **12E. REQUESTOR'S MAILING ADDRESS**   **12F. DATE**

RESERVED FOR REVIEWING SECURITY AUTHORITY

13A. (PRINT) REVIEWING SECURITY OFFICIAL'S NAME CDSI/CSO

13B. REVIEWING SECURITY OFFICIAL'S MAILING ADDRESS

13C. REVIEWING SECURITY OFFICIAL'S SIGNATURE

13D. DATE   **13E. TELEPHONE**   **13F. COMPONENT/REGION**

RESERVED FOR FINAL APPROVING AUTHORITY

14A. (PRINT) APPROVING OFFICIAL'S NAME

14B. APPROVING OFFICIAL'S SIGNATURE

14C. TITLE   **14D. TELEPHONE**   **14E. DATE**

14F. DATE RECEIVED   **14G. PIN/TSO ID**   **14H. BASE PROFILE**

14I. PIN/TSO ID EXPIRES: **15. IF YOU HAVE ANY QUESTIONS CONTACT:**

16. ☐ ACCESS DENIED (REASON)

SECURITY REQUIREMENTS FOR USERS OF
SSA'S COMPUTER SYSTEMS

You should be aware that your PIN/ID serves as your "electronic signature" on all systems transactions for which it is used. This means that you will be held responsible if someone else uses it in connection with a systems transaction.

To monitor the users of SSA's computer systems for compliance with these requirements, SSA records all systems transactions and conducts routine reviews for inappropriate or illegal activity.

A violation of any of the following security requirements could result in termination of systems access privileges and serious disciplinary action, possibly removal. In addition, Public Law 98-473, Chapter 21 ("Counterfeit Access Device and Computer Fraud and Abuse Act of 1984"), and Public Law 99-474 ("Computer Fraud and Abuse Act of 1986") provide criminal penalties for any person accessing a Government-owned or operated computer illegally.

The information below will assist you in carrying out your responsibility in this area.

1. The PIN/ID you are assigned is for your use only. Lending it to someone else is a security violation and may result in disciplinary action against both parties.

2. Never disclose your password. Do not put it in writing. Safeguard it. Your password is the key to one of SSA's most valuable resources.

3. SSA's computer systems must be used only for work-related purposes which are consistent with the justification on each user's approved request for systems access privileges. Never use the Agency's computers for activities inconsistent with SSA's mission.

If you become aware of any violation of these requirements or suspect that your PIN/ID may have been used by someone else, it is your responsibility to immediately report that information to your security officer.

PRIVACY ACT STATEMENT
Collection and Use of Personal Information

44 U.S.C. § 3543 of the Federal Information Security Management Act of 2002, and Section 205(a) of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to grant and limit access to SSA computer-based information resources. The information you furnish on this form is voluntary. However, failure to provide us with the requested information could prevent us from providing you access to SSA computer systems.

We rarely use the information you supply for any purpose other than for determining access to SSA computer systems. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include, but are not limited to the following:

1. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);

2. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies.

A complete list of routine uses for this information is available in our System of Records Notices entitled, Identity Management System, 60-0361; and, Personal Identification Number File, 60-0214. These notices, additional information regarding this form, and information regarding our programs and systems, are available on-line at www.socialsecurity.gov or at your local Social Security office.

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR ACCESS TO SSA- SYSTEMS (SSA-120)

1.	Applicant Information	For non-SSA employees please specify whether you are a contractor, DDS, Host enrollee, Student, etc. See ISSH Chapter 10 attachment "C" for additional details.
2.	Type of request	• If you do not have a PIN or TSO ID and need one assigned place an "X" in the appropriate box(es). • If you have a PIN/TSO ID but need your access privileges, location or organization changed place an "X" in the appropriate box(es).
3. A.	Environment for access	Place one "X" in the box to indicate what environment you require access to. If you are applying for ESEF access complete box 3B. If you are not applying for ESEF skip 3B.
3. B.	SEF environment	Place an "X" in all applicable boxes for ESEF environment.
4.	Name	Print official name as in personnel records (no nicknames).
5.	Social Security Number	Provide the SSN of the person applying for PIN/TSO ID.
6.	Office/Branch Code	Provide the 3-digit office code if you are requesting a PIN. Provide the 3 digit branch code if you are requested the creation of a TSO ID.
7.	SSA component name or external organization name	SSA Field employees should enter the name of their field office. SSA non-field office employees should enter their component name. All others enter the name of your employing company or agency.
8.	Position Title	• SSA employees – Enter your position title from your most recent SF-50, Notification of Personnel Action. Claims representatives must also enter their specialty. • Non SSA employees – Enter the title commonly used by your company or organization for your position.
9.	Justification/Remarks	Use this space to justify access privileges needed. If your access is needed for a specific project or domain provide the information.
10.	Security Requirements and Privacy Act Statement	
11. A.	Applicant's Signature	After reading the Security Requirements and Privacy Act Statement in Block 10, signature of person named in Block 4 should be provided.
11. B.	Date	Enter date when signature provided in Block 11. A.
11. C.	Telephone Number	Provide work telephone number including area code for the person in Block 11. A.
12. A.	Requesting Management Official's Name	A Division Director or higher-level official within the requesting component must approve and sign the form for personnel in central office components.
12. B.	Requesting Management Official's Signature	Provide signature of person named in Block 12. A.
12. C.	Title	Provide the title of the person named in Block 12. A.
12. D.	Telephone Number	Provide work telephone number including area code for the person in Block 12. B.
12. E.	Requesting Management Official's Mailing Address	Provide mailing address of person named in Block 12. A.
12. F.	Date	Enter date when signature provided in Block 12. B.
13. A.	Print Reviewing Security Official's Name CSO/CDSI	Provide printed name of the Reviewing Security Official. If you are the security administrator granting or denying the access skip 13. A-F. Complete your information in section 14 – 16.
13. B.	Reviewing Security Official's Mailing Address	Provide mailing address for person named in Block 13. A.
13. C.	Reviewing Security Official's Signature	Signature of person named in Block 13. A. should be entered in this block.
13. D.	Date	Enter date when signature provided in Block 13. C.
13. E.	Telephone Number	Provide work telephone number including area code for the person in Block 13. A.
13. F.	Component/Region	Provide component/region for person named in Block 13. A.
14. A.	Print Approving Official's Name	Provide printed name of the security administrator granting or denying the access of applicant.

14. B.	Approving Official's Signature	Signature of the person named in Block 14. A. should be entered in this block.
14. C.	Title	Provide the title of the person named in Block 14. A.
14. D.	Telephone Number	Provide work telephone number including area code for the person in Block 14. A.
14. E.	Date	Enter date when signature provided in Block 14. B.
14. F.	Date Received	Enter date form was received by the person named in Block 14. A.
14. G.	PIN/TSO ID	Enter the PIN/TSO ID created for the person named in Block 4.
14. H.	Base Profile	Enter the profile given to the person named in Block 4.
14. I.	PIN/TSO ID	Enter expires date for PIN/TSO ID expiration if applicable.
15.	Questions	Enter the name and telephone number including the area code of the person to call if there are any questions.
16.	Access Denied	Enter the reason for denying the access for the person named in Block 4.

Disposition of the Completed Form

1. Regional, Field and DDS personnel – Send the form through the Local Security Officer to the appropriate Security Specialist or Regional Security Officer.

2. Office of Disability Adjudication and Review Regional and Field personnel - Send the form through the Security Officer in the ODAR Regional Office to the Component Security Officer, 5107 Leesburg Pike, Falls Church, Virginia 22041-3255.

3. For access to the ESEF– Component Security Officer (CSO) should send the signed/complete form to: OESAE Component Security Officer, 4-N-28 Operations Building.

4. Other Central Office personnel – Send the form through the appropriate Component Security Officer for processing.

SSA will insert the following revised PRA Statement into the form at its next scheduled reprinting:

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the <u>Paperwork Reduction Act of 1995</u>. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 0960-0791. We estimate that it will take about 2 minutes to read the instructions, gather the facts, and answer the questions. ***Send <u>only</u> comments relating to our time estimate above to***: *SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.*