

**United States Coast Guard
Vessel Identification System User Request Form**

Fax completed form to 202-372-1922; Attn: Ervin Boyd.

**Requesting VIS user
First & Last Name:**

Agency:

U. S. Citizen:

YES

NO

Contract Employee:

YES

NO

**If Yes has background
check been completed?**

YES

NO

Request from PSAP:

YES

NO

E-Mail Address:

Business Phone:

Supervisor Name:

**Supervisor
E-Mail Address:**

Supervisor Phone #:

Supervisor Fax #:

WARNING:

Unauthorized access is prohibited by Title 18 USC Section 1030. Unauthorized access may also be a violation of other Federal Law or government policy, and may result in criminal and/or administrative penalties. Users shall not access other users' or system files without proper authority. Absence of access controls IS NOT authorization for access! USCG information systems and related equipment are intended for communication, transmission, processing, and storage of U.S. Government information. These systems and equipment are subject to monitoring to ensure proper functioning, protect against improper or unauthorized use or access, and verify the presence of performance of applicable security features or procedures, and other like purposes. Such security monitoring may result in the acquisition, recording and analysis of all data being communicated, transmitted, processed or stored in this system by a user. If security monitoring reveals evidence of possible criminal activity, such evidence may be provided to law enforcement personnel. Use of this system constitutes consent to such security monitoring.

Authorization to Automated Information System:

System - Vessel Identification System (VIS) Version 2.0.0

This system is made available for authorized VIS users

SCOPE OF AUTHORIZATION:

Subject to limitations which follow, upon receipt of Username and Password the user is authorized access to the computer system(s) identified above. This authorization contains no implied authorization to access any computer systems of the United States Government not specifically identified herein and will be revoked on separation, retirement, reassignment of duties, change of organization, or when determined by the Information System Security Officer to be in the best interest of the Government.

ACKNOWLEDGEMENT:

By signing this form I agree that I have read the above warnings and authorization. I understand that I am authorized to access the computer system(s) identified above and that accessing them for purposes beyond the scope of Authorization is a violation of Federal law (18 U.S.C. 1030 et al). My password meets the DHS Information System Security requirements, and I may be held responsible for my inappropriate protection or sharing of my password.

User names & passwords will not be issued until the user request form has been received with the User & Authorizing Official signatures.

User Signature & Date:

Supervisor Signature & Date:

USCG ISSO Signature & Date: