DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
LSCMS-C ACCESS CONTROL FORM

Access Request Type: [ ]

Instructions

To obtain access to Logistics Supply Chain Management System - Cloud (LSCMS-C) environment, an end user must complete all applicable Access Control form fields and return form to the System Administrator for processing. This form must be signed by the end user and the end user's Supervisor/FEMA COR/FEMA Tender of Service Provider (TSPs) Program Officer, then sent to the LSCMS-C System Administrator's Team.

Note: This is a multi form document with attachments that requires review and completion.

All system access is provided for official business of Department of Homeland Security/Federal Emergency Management Agency/ Logistics Management Directorate. Any other use of this information may be in violation of the *Acceptable Use Standard for FEMA Information Technology Resources Memorandum* and the system *Rules of Behavior*.

Unauthorized usage, distribution, reproduction, modification or deletion of any end user information outside the intended and approved use is strictly prohibited. It is understood that these are LSCMS-C system role base user accounts and may only be utilized to complete supply chain management processing for order entry, shipping, tracking, and monitoring of assets and commodities associated with the FEMA Logistics Management Directorate (LMD).

Username: [ ]

Requestor Information

LSCMS-C/Logistic Gateway Training Date: [ ]

Name: (Print or Type Last, First, MI)	LMD Office: (FEMA Internal Use Only)
Email Address:	Phone Number:
Organization/Company	Organization/Company Address: (Street, City, State, Zip Code)
Position/Job Function:	**Company Unique Entity Indentifier # (UEI)** (12 characters):
Purpose:	**Company SCAC #** (4 characters):

Requestor Agreement

By signing this form, I certify that the information provided is correct.

Requestor Signature:	Date Signed:

Email Supervisor/FEMA COR

Supervisor/FEMA COR/TSPs Program Officer Approval

By signing this form, I approve this end user for access requested on the LSCMS-C System.

Supervisor/FEMA COR/TSPs Program Officer Signature:	Date Signed:	Contact Phone Number:
Print Supervisor/FEMA COR/TSPs Program Officer Name:	Supervisor/FEMA COR /TSPs Program Officer Email:	

Final Submission

Access Request—Check Requested Items

Access will only be granted if the proper training courses have been completed, and the functionality is required to perform your job responsibilities. The LSCMS-C System Administrators, in conjunction with the Training Coordinators, Supervisors, FEMA COR, TSPs Program Officer has the final approval on the access that should be granted.

Combine Application Module (CA)	Warehouse Management Module (WM)	Region
CA View Only ☐	WM View Only ☐	☐ R1 ☐ R3 ☐ R5 ☐ R7 ☐ R9
☐ LMC/SCIB	☐ WM Material Handler	☐ R2 ☐ R4 ☐ R6 ☐ R8 ☐ R10
☐ Logistics Systems Specialist/Manager	☐ WM Inventory Management Specialist	**Vendor/Partner**
☐ TMB	**Distribution Centers (DC)/THSS**	
☐ Transportation Manager	☐ DC Atlanta ☐ DC Guam	☐ Vendor/Partner
☐ Sytem Admin	☐ DC Bayamon ☐ DC Hawaii	**Transportation Service Providers (TSPs)**
☐ TRACC	☐ DC Caribbean ☐ DC Manteca	
☐ Tier 3 Support	☐ DC Cayey ☐ DC Ponce	☐ Carrier Document Upload
Supply Chain Intelligence (SCI)	☐ DC Frederick ☐ DC Tracy	☐ Carrier Web Tenders
☐ SCI DC Standard User	☐ DC Fort Worth ☐ DC Green Castle	**SYSTEM ADMINISTRATOR USE ONLY**
☐ SCI Transportation User	☐ THSS Cumberland	☐ Annual Re-certification
☐ SCI DISC	**DISC**	***Training Status***
☐ SCI HQ User		☐ Training Completed
☐ SCI Region User	☐ DISC	☐ Training Not Required
☐ SCI Sys Admin User	☐ DISC Order Entry	
☐ SCI Tier 3 User		
☐ SCI Report Author		

Additional Information (Please identify the functionality you require access to, if it is not listed above):

Remove System Access (Optional.):

System Administrators Team Use Only

Date Created/Updated:	APPROVING OFFICIAL	
	Request Type (check one):	
	☐	New
	☐	Delete/Removal
	☐	Re-certification
	☐	Modification (explain in Additional Information Section)
Sys Administrator:		