

# 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 or FEMA Transportation Service Providers (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 **United States Government Warning Banner** 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/Logistics Gateway Training Date:

Name: <i>(Print or Type Last, First, MI)</i>	LMD Office: <i>(FEMA Internal Use Only)</i>
Email Address:	Phone Number:
Organization/Company:	Organization/Company Address: <i>(Street, City, State, Zip Code)</i>
Position/Job Function:	Company Unique Entity Identifier # (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:
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### Supervisor/FEMA COR/FEMA 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:	Supervisor/FEMA COR Phone:
Print Supervisor/FEMA COR/TSPs Program Officer Name:	Supervisor/FEMA COR/TSPs Program Officer Email:	

## 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, and Transportation Service Providers (TSPs) Program Officer has the final approval on the access that should be granted.

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

State Business Partner (BP) State											
AK	AL	AR	AS	AZ	CA	CO	CT	DC	DE	FL	GA
GU	HI	IA	ID	IL	IN	KS	KY	LA	MA	MD	ME
MI	MN	MO	MP	MS	MT	NC	ND	NE	NH	NJ	NM
NV	NY	OH	OK	OR	PA	PR	RI	SC	SD	TN	TX
UM	UT	VA	VI	VT	WA	WI	WV	WY			

**Additional Information** or Remove System Access (Please identify the functionality you require access to, if it is not listed above: (Optional))

## System Administrators Team Use Only

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