

**COUNTY OF LOS ANGELES  
DOWNEY DATA CENTER REGISTRATION**

Provider#: \_\_\_\_\_

**PROFILE INFORMATION — print or type completing boxes 1 – 9 County Employees Only complete Box 4**

(1) DATE OF REQUEST		(2) TYPE OF REQUEST (Check One) <input type="checkbox"/> NEW LOGON ID <input type="checkbox"/> UPDATE LOGON ID ACCESS <input type="checkbox"/> SUSPEND LOGON ID <input type="checkbox"/> DELETE LOGON ID		
(3) REQUESTOR LAST NAME	FIRST NAME	M.I.	(4) COUNTY EMPLOYEE #	(5) E-MAIL ADDRESS
(6) REQUESTOR ORGANIZATION NAME				(7) COUNTY DEPARTMENT # <b>435</b>
(8) WORK MAILING ADDRESS, STREET		CITY	STATE	ZIP
				(9) WORK PHONE #

**IBM DATA CENTER ACCESS — complete each area for required access. New Users leave Box 10 Blank**

(10) LOGON ID	(11) 2-DIGIT MAJOR GROUP CODE <b>HQ</b>	(12) 2-DIGIT LSO GROUP CODE <b>MH</b>	(13) SECURITY AUTHORIZATION *	
<input type="checkbox"/> <b>TSO ACCESS</b> — check box for access and complete boxes 10. New Users leave Box 10 Blank				
(14) 2-DIGIT TSO GROUP CODE	(15) BIN NUMBER *	(16) SUG-GROUP 1 *	(17) SUB-GROUP 2 *	(18) SUB-GROUP 3 *
<input type="checkbox"/> <b>ONLINE ACCESS</b> — check box for access and complete boxes 10. New Users leave Box 10 Blank				
(19) SYSTEM APPLICATION <b>MHMIS</b>	(20) SECURITY LEVEL / GROUP NAME <b>50</b>	(21) OLD GROUP *	DMV / JAI / APS APPLICATION COORDINATORS ONLY	
			APS NO: _____	
			DMV SYSTEM CODE: _____	
			JAI SYSTEM LOCATION: _____	
<input type="checkbox"/> <b>SECURID REMOTE ACCESS</b> — check box for access and complete box 22b. Leave Account Number Blank				
(22) ACCOUNT NUMBER		(22b) <input type="checkbox"/> HOST ON DEMAND (Internet connection to Mainframe) <input type="checkbox"/> WIRELESS (Web Access for DMH email)		

**UNIX ENVIRONMENT ACCESS**

(23) TYPE OF REQUEST (Check One) <input type="checkbox"/> NEW LOGON ID <input type="checkbox"/> UPDATE LOGON ID ACCESS <input type="checkbox"/> SUSPEND LOGON ID <input type="checkbox"/> DELETE LOGON ID				
(24) LOGON ID	(25) APPLICATION	(26) ACCESS GROUP	(27) ACCOUNT NUMBER	

**SIGNATURES — each signature entry must be completed in full. Complete boxes 28, 31, 33, and 34.**

(28) REQUESTOR'S SIGNATURE		(29) DEPARTMENT CALL BACK NAME *	(30) PHONE NUMBER *	
(31) MANAGER'S SIGNATURE	(32) PHONE NUMBER	(33) PRINT MANAGER'S NAME	(34) DATE	
(35) APPLICATION COORDINATOR'S SIGNATURE **	(36) PHONE NUMBER ** <b>(213) 351-2937</b>	(37) PRINT APPLICATION COORDINATOR'S NAME ** <b>Joyce A. Fantroy</b>	(38) DATE **	

\*\*If you have indicated a need to access a system not owned by your department, concurrence from the other department(s) is required.

**Please return to: Department of Mental Health  
CIO - Helpdesk  
3160 W. 6<sup>th</sup> Street, 2<sup>nd</sup> Floor  
Los Angeles, CA 90020**