



**COUNTY OF LOS ANGELES  
DOWNEY DATA CENTER REGISTRATION  
For L.A. COUNTY EMPLOYEES**

S A M P L E

**PROFILE INFORMATION** print or type completing boxes 1 9

(1) DATE OF REQUEST 7/15/2010	(2) TYPE OF REQUEST (Check One) <input checked="" type="checkbox"/> ADD NEW LOGON ID <input type="checkbox"/> CHANGE LOGON ID ACCESS <input type="checkbox"/> DELETE LOGON ID	(3) LA COUNTY EMPLOYEE # 000000
(4) LAST NAME, FIRST NAME MI NEVERWRONG, SAMPLE A.	(5) E-MAIL ADDRESS sneverwrong@dmh.lacounty.gov	
(6) COUNTY DEPARTMENT NAME/DIVISION NAME MENTAL HEALTH/COUNTYWIDE SRVCS/OUTWARD BOUND DIVISION/SMART		(7) COUNTY DEPARTMENT # #435
(8) WORK MAILING ADDRESS (STREET, CITY, STATE, ZIP) 2345 HAPPY STREET, CHERRY BLOSSOM, CA 90021		(9) WORK PHONE # 213-201-2000

**IBM DATA CENTER ACCESS** complete each area for required access, as defined by your management.

(10) LOGON ID	(11) 2-DIGIT MAJOR GROUP CODE	(12) 2-DIGIT LSO GROUP CODE	(13) SECURITY AUTHORIZATION
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**TSO ACCESS** — check box for access and complete fields 10, 11, 12 and 14. Fields with an asterisk are optional.

(14) 2-DIGIT TSO GRP CODE	(15) BIN NUMBER *	(16) SUG-GROUP 1 *	(17) SUB-GROUP 2 *	(18) SUB-GROUP 3 *
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**ONLINE ACCESS** — check box for access and complete fields 10, 11, 12, 19, and 20. Fields with an asterisk are optional.

(19) SYSTEM APPLICATION	(20) GRP NAME / NATURAL PROFILE	(21) OLD GRP/NATURAL PROFILE *	DMV/JAVAPS APPLICATION COORDINATORS ONLY
			APS A/O: _____
			DMV SYSTEM CODE: _____
			JAI SYSTEM LOCATION: _____

**UNIX ENVIRONMENT ACCESS** complete for required access, as defined by your management.

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

**SECURID REMOTE ACCESS** complete each area as required. Your e mail address is required, see box #5.

(27) BILLING ACCOUNT NUMBER for SecurID Token: \_\_\_\_\_ (28) DEVICE TYPE: Key Fob

VPN

**SECURITY STATEMENT**  
Before connecting to the County network you must install anti-virus software, and stay up-to-date with definitions, Microsoft patches (critical and security) and service packs. A Firewall, either a hardware firewall or personal firewall software, is required for those using broadband Internet access (DSL, ISDN, cable modem, etc.). You agree not to share your logon id, password and SecurID passcode with others.

**WIRELESS ACCESS** Check the box if you are requesting wireless access. Application: DMH/OUTLOOK E-MAIL

**SIGNATURES** each signature entry must be completed in full.

Your signature indicates that you have read and will comply with the above security statement.

(29) CUSTOMER'S SIGNATURE *Sample A. Newheaven*

(30) MANAGER'S SIGNATURE <i>Susan B. Newheaven</i>	(31) PHONE # 213-2001-2001	(32) PRINT MANAGER'S NAME SUSAN B. NEWHEAVEN	(33) DATE 7/15/2010
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if you have indicated a need to access a system not owned by your department, concurrence from the other department(s) is required.

(37) APPLICATION COORDINATOR'S SIGNATURE	(35) PHONE # 213-351-1335	(36) PRINT APPL COORDINATOR'S NAME JOYCE A. FANTROY	(37) DATE
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**NOTE:** If submitting a PDF, FAX or COPY, this section must be completed in order to process the request.

PDF  FAX  COPY

AUTHORIZED MANAGER NAME \_\_\_\_\_ AUTHORIZED MANAGER SIGNATURE: \_\_\_\_\_

NAME (Print) JOYCE FANTROY SIGNATURE: \_\_\_\_\_

My signature above, stipulates that my department has setup a process to maintain the original form on file for a period of 7 years, and will make the original form available within 72 hours, upon request from ISD or those acting on the behalf of ISD, i.e., internal or external Auditors.

**WARNING: FAILURE TO FULLY COMPLETE & SIGN THIS FORM WILL CAUSE A DELAY IN PROCESSING.**

SUBMIT TO: COUNTY OF LOS ANGELES/DMH/INFORMATION SECURITY-SYSTEMS ACCESS UNIT  
695 SOUTH VERMONT AVENUE, 8TH FLOOR, LOS ANGELES, CA 90005

**CALIFORNIA PENAL CODE 502(c) -  
"COMPREHENSIVE COMPUTER DATA ACCESS AND FRAUD ACT"**

Below is a section of the "Comprehensive Computer Data Access and Fraud Act" as it pertains specifically to this Agreement. California Penal Code 502(c) is incorporated in its entirety into this Agreement by reference and all provisions of Penal Code 502(c) apply. For a complete copy, consult the Code directly at website [www.leginfo.ca.gov/](http://www.leginfo.ca.gov/).

502.(c) Any person who commits any of the following acts is guilty of a public offense:

- (1) Knowingly accesses and without permission alters, damages, deletes, destroys, or otherwise uses any data, computer, computer system, or computer network in order to either (A) devise or execute any scheme or artifice to defraud, deceive, or extort, or (B) wrongly control or obtain money, property, or data.
- (2) Knowingly accesses and without permission takes, copies or makes use of any data from a computer, computer system, or computer network, or takes or copies supporting documentation, whether existing or residing internal or external to a computer, computer system, or computer network.
- (3) Knowingly and without permission uses or causes to be used computer services.
- (4) Knowingly accesses and without permission adds, alters, damages, deletes, or destroys any data, computer software, or computer programs which reside or exist internal or external to a computer, computer system, or computer network.
- (5) Knowingly and without permission disrupts or causes the disruption of computer services or denies or causes the denial of computer services to an authorized user of a computer, computer system, or computer network.
- (6) Knowingly and without permission provides or assists in providing a means of accessing a computer, computer system, or computer network in violation of this section.
- (7) Knowingly and without permission accesses or causes to be accessed any computer, computer system, or computer network.
- (8) Knowingly introduces any computer contaminant into any computer, computer system, or computer network.

**I HAVE READ AND UNDERSTAND THE ABOVE AGREEMENT:**

SAMPLE A. NEVERWRONG

Employee's Name

*Sample A. Neverwrong*

Employee's Signature

7/15/2010

Date

SUSAN B. NEWHEAVEN

Manager's Name

*Susan B. Newheaven*

Manager's Signature

7/15/2010

Date