

User Account Request / Approval Form Interoperable Communications Technical Assistance Program Communication Assets Survey and Mapping Tool (CASM)

Personnel responsible for the management, command, or operation of public safety communications systems and supporting information systems are eligible to access the Communication Assets Survey and Mapping (CASM) tool web site. Such persons must be employed by, or a volunteer of a governmental entity, or a contractor of a governmental entity providing the described services. Examples of qualifying positions include but are not limited to engineers, technicians, managers, information systems specialists, supervisors and telecommunicators.

Instructions: Complete and sign this form. Send form to the agency approval authority for signature. After agency approval, submit to the state/urban area's CASM Administrative Manager.

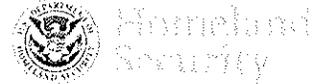
Account Action (circle one):	Add	Modify	Delete
Last Name: _____	First Name: _____	M.I. _____	
Organization / Company: _____			
Title: _____			
Official Mailing Address: _____			
City: _____	State: _____	Zip: _____	
Phone Number*: _____	Cell Phone*: _____		
Email: _____	Fax Number: _____		
* at least one phone number (land or cell) is required.			

CASM maintains Agency and State/Urban Area data that is considered For Official Use Only. I agree to be responsible for providing proper safeguards for any information I obtain from the tool. I will treat the information as sensitive, and share the information only in the execution of my required duties and within the existing information security standards enforced by my organization. Before vacating my current position and have no further need to access this web site, I agree to notify my CASM Administrative Manager in order to be deleted from access capabilities. This is an individual account and I understand that sharing my user ID and password is not permitted.

I understand this tool is not intended to be used for tactical and/or real-time operations; it is an analysis tool only.

User Signature: _____ Date: _____

User Printed Name: _____



Level of Access Requested:

<input type="checkbox"/>	CAM Only
<input type="checkbox"/>	State/Urban Area Level
<input type="checkbox"/>	Agency Level (see below)

CASM Account Types:

State/Urban Area Access: Ability to enter and edit communication equipment and infrastructure information for any agency in the State/Urban Area and display the information graphically on a map for interoperability analysis. Ability to initiate new jurisdictions and agencies and edit any jurisdiction and agency profiles. Access is limited to only assigned Urban Areas/States information.

Agency Access: Ability to enter and edit communication equipment and infrastructure information for the agency(s) to which the user is assigned. May view all State/Urban Area information and display the information graphically on a map for interoperability analysis. Access is limited to only assigned Urban Areas/States information.

CAM only Access: Ability limited to display the assigned State/Urban Area communication information graphically on a map for interoperability analysis. Access is limited to assigned Urban Areas/States only.

The Agency Approval Authority for CASM Tool Access will fill in the below APPROVAL INFORMATION and provide it to the State/Urban Area's CASM Administrative Manager.	
I certify that the below individual is authorized to access the ICTAP CASM Tool.	
User: _____	Type of Access: _____
Agency Approval Signature: _____	Date: _____
Agency Approval Printed Name: _____	Phone: _____