Exempt from the Paperwork Reduction Act. Requesting only identifying information and certification. See 5 CFR § 1320.3 (h) (1-1-01)

Supervisor Signature: _

FORM MMS-4427 (11/2003)

U.S. DEPARTMENT OF THE INTERIOR Minerals Management Service Minerals Revenue Management

Tracking Number

MRM System Access Request Form Web Portal Users

USER INFORMATION:	New User		Change User	De	lete User
			Current User ID		
LEGAL NAME:					
Last			First		Middle Initial
PREFERRED NAME(Optional):					
Last			First		Middle Initial
User Telephone Number:					
Organization: (Required Field)	Enter full Federal A	Agency,	State Agency, Tribe, or Company Name		
User Mailing Address:(Required Field)					
User E-mail Address:					
FEDERAL:Agency A	cronym		STATE: 2 Digit Alpha	TRIBE	
INDUSTRY:			Cu	ıstomer Id/Payo	r Number
Check If Solids P & R r	reports Submitted		205 Auditor	202 Au	ditor
	·				
COMMENTS:					
		Conti	ification		
	ystems, Electronic Mail, In	nternet c	onnections and associated equipment; softv		
USC.). Violations of the law can result in			ior and MMS policies. Law prohibits any osciplinary action.	other use of these it	ems (section 641,
2. I agree NOT to reproduce (except for b by the appropriate vendor. I further agree			sed software and its related documentation u es of copyrighted or licensed software.	nless specifically at	uthorized in writing
3. If I suspect infection by a virus, I mus agree not to turn off the computer if this is			red computer, call User's Customer Support ures.	and follow establish	hed procedures. I
			tion is not to be exchanged, divulged, or oth on covered by the Privacy Act to unauthorize		ed in any way unle
5. I will select my own passwords and I w will contact MRM and notify them to dele			er ID with anyone. If I no longer need acce	ss to an MRM syste	em for any reason, I
Administrator and the Organizational Sec 7. I understand and agree that I will use of	urity Manager.		software), I will immediately notify my sup- and will not have simultaneous Internet cor		
•	l above is accurate and com	nplete ar	nd that I have not knowingly or deliberately r	misrepresented any	information
provided. User Signature:			Date:		
Supervisor Name (print):					
			1 Horic.	-	

Date:

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