

**Part III of Agency Request for ITS-Administered Mainframe RACF Access/UserID**

Complete Part III and send with "Agency Request for ITS-Administered Mainframe RACF Access or UserID".

**Billing Information**

Approved users will be billed at published rates for services used. Monthly bills from ITS will be addressed to the Fiscal Officer identified in a separate request through ITS Financial Services. Bills are due and payable in full upon receipt.

General information about billing and detailed data on particular billing items can be obtained from ITS Financial Services by contacting the ITS Service Desk at **1-800-722-3946 or 919-754-6000**.

**Access Information**

The individual associated with a specific UserID is the only person permitted to use it for the purposes stated on this application. UserIDs should not be "shared". Anonymous access to ITS mainframe computers is not permitted. ITS will not create anonymous access UserIDs for "outside" users or for other State agencies.

UserIDs will be disabled (revoked) after 45 days of inactivity.  
UserIDs that have not been used for one (1) year may be deleted.  
ITS reserves the right to revoke access if any billing and/or access conditions are violated.

**State Agency Access Approval**

Virtually all systems (applications) on the ITS computers are owned by a specific agency of North Carolina state government. Approval of access to these systems by the owning agency is usually required. In those instances where a State agency requires approval for access, Part III of this form must be completed by the agency involved before access will be granted. If more than one agency is involved, Part III must be completed by each agency involved. Access approval is mandatory for all Restricted Applications.

The ITS Mainframe (RACF) Administrator will arrange for delivery of the request(s) for access approvals that may be needed if the Application Identity and Owning Agency are properly identified below.

<b>Part III – State Agency Approval Information</b>		One approval from each State agency involved is required.	
Application (System)			
Identity: _____			
Access to be used for transfer of file(s): Yes ___ No ___			
Name of State Agency that Owns the Application (System)			
Owner: _____			
<b>Access Authorized by:</b>		Date: _____	
Name: _____		Signature: _____	
Title: _____		Telephone: _____	
Mailing Address: _____		FAX: _____	
_____		E-Mail: _____	
_____		_____	
<b>Agency Application (System) Contact</b>		Date: _____	
Name: _____		Signature: _____	
Title: _____		Telephone: _____	
Mailing Address: _____		FAX: _____	
_____		E-Mail: _____	
_____		_____	
<b>Agency Security Administrator</b>		Date: _____	
Name: _____		Signature: _____	
Title: _____		Telephone: _____	
Mailing Address: _____		FAX: _____	
_____		E-Mail: _____	
_____		_____	