

The Contractor/Grantee Must Complete This Section

 Check one: New Token Replacement Token Replacement Reason*:

 *Required field if Replacement Token selected. Note: replaced tokens will require you to set up a new PIN. If you are unsure how to do that, see the instructions at <http://humanservices.vermont.gov/departments/information-technology/rsa-secureid/>

 Contractor/Grantee Name: Contract/Grant End Date:

 Name of employee who will use token:

 Employee's phone:

 Location of Employee:

The person named above requires access to the AHS account for the following purposes:

The user agrees that any computer used to access AHS systems has up-to-date virus protection and fire wall software.

 Date:

Note to Requestors: Use the email address input field and the "Forward" button below to forward this form for required signatures.

Signature of employee who will use token

For State Use Only

 Name of State Contract Manager:

 Phone number: Department: Division:

 Location:

 Date:

 Date:

Signature of State Contract Manager

Signature of Department IT Manager

Form Forwarding To forward this form to obtain signatures, enter the email address of the person who should sign it next, then click the Forward button. Adobe will open an email window and attach the PDF form to the email.

 Forwarding Email address:

Note: If the "Forward" button does not work, save the completed form locally, then attach it to an email addressed to the appropriate person.

For Administrative Use Only

 RSA Token Number:

 Signature of
 AHS Administrator

 Username:

 Date: