



Depending on your request, you may be required to have a background check performed by VDOT which includes being finger printed. You will be notified if this is required.

ITD-35E Rev 8-8-11

**Note:** Background checks are required for all **RUMS** requests.

External User Information		
Last Name _____	First Name _____	Middle Initial _____
Area Code _____	Phone Number _____	E-mail Address _____
Government/Company Name _____		Office/Department _____
Job Title _____	User Signature _____	Date _____

User Status
<input type="checkbox"/> New User <input type="checkbox"/> Current User <input type="checkbox"/> Reinstate User <input type="checkbox"/> Delete access to the application(s) indicated below under Application System If Current User, Reinstate User, or Delete is checked, list the systems to which you have access and still need access. _____ _____

Application System
Application name(s) _____
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete user access to the application(s) indicated after the following date: _____
For Add or Change describe level of access needed: _____ _____

External User's Supervisor or VDOT Business Coordinator		
Last Name _____	First Name _____	Middle Initial _____
Area Code _____	Phone Number _____	E-mail Address _____
Job Title _____	Supervisor/Coordinator Signature _____	Date _____

VDOT Authorizer			
Has a background check been done? <input type="checkbox"/> Yes <input type="checkbox"/> Needs to be done <input type="checkbox"/> Not required			
Last Name _____	First Name _____	Department _____	(____) _____ Phone Number
E-mail Address _____	Signature _____		Date _____

VDOT Central Office Information Technology Division Use Only			
ESA Webpage _____		ESA Login Name _____	
Date Received _____	Name _____	Systems Engineering Member _____	Date user notified of setup _____
Date Received _____	Name _____	Security Team Member _____	Date User Setup in AD _____