

Upon completion, please email to Doit-SecurityOfficers@doit.nm.gov

DATE:

AGENCY CODE:

AGENCY:

ACCESS CARD #:

Applicant Information

Request Access Date:

Applicant Name (First/Middle/Last):

Agency Address:

Division:

Email:

Office Phone:

Cell Phone:

Sponsor Information

(Agency CIO)

Sponsor Name (First/Middle/Last):

Agency:

Agency Address:

Division:

Email:

Office Phone:

Cell Phone:

Access Privilege Request

*(*Physical Security Manger will have final determination based on audit restrictions.)*

ACCESS: START DATE

END DATE

HOURS/DAYS

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Normal Business Hours (M-F) 7:30 am – 5:30 pm | <input type="checkbox"/> Weekends* | <input type="checkbox"/> 24 x 7 x 356* |
| <input type="checkbox"/> Non-Business Hours (M-F) 5:30 pm – 7:30 am* | <input type="checkbox"/> Holidays* | <input type="checkbox"/> Other* |

AREAS

- | | | |
|--|---------------------------------------|---------------------|
| Data Center* | 2 nd Floor SHARE Office* | Pedestrian Door* |
| Data Center Telecomm* | 2 nd Floor Client Services | Basement Area* |
| 1 st Floor Enterprise Hall* | 2 nd Floor Tech Room* | Basement Telecomm* |
| 1 st Floor Enterprise Accts.* | North Entrance | Tiwa Data Building* |
| 1 st Floor Admin/Exec.* | Generator Room* | Education Building* |
| 2 nd Floor Billing* | Loading Dock* | Oso Grande* |

JUSTIFICATION

Access Control Policy

I understand that this form constitutes a request to enter into an agreement with the State of New Mexico Department of Information Technology (DoIT). I hereby agree to comply with the spirit and intent of the security policies and procedures of DoIT. I understand that violations of the policy may result in denial and/or removal of access privileges.

By checking this box, I accept the access privileges and acknowledge that I have read and understand the physical security access policy of the State of New Mexico Department of Information Technology [DoIT Physical Access Control Policy](#).

Applicant Signature

Date

Sponsor Signature

Date

Facilities Manager Signature

Date