

Upon completion, please email to [DoIT-SecurityOfficers@doit.nm.gov](mailto:DoIT-SecurityOfficers@doit.nm.gov)

DATE:

AGENCY CODE:

AGENCY NAME:

### Applicant Information

Applicant:

Agency Division:

Agency Address:

Phone (Office or Cell):

Email:

Access Request Date:

### Sponsor Information

Sponsor:

Agency Division:

Agency Address:

Phone (Office or Cell):

Email:

Contract End Date:

### Facilities Access Privileges Required

Physical Security manager will have the final determination based on audit restrictions.

**Start Date:**

**End Date:**

**Access Hours:**

Normal business Hrs. (M-F) 7:30 am – 5:30 pm

24 x 7 x 365

Holidays

Non-business Hrs. (M-F) 5:30 pm – 7:30 am

Weekends

Other:

**Facilities Areas:**

**Access Card No.:**

Data Center Entrance :  North Entrance  Basement

Data Center Telecom:  Generator Room  Basement

Data Center Storage:  DoIT Building  Tiwa Building  Oso Grande  Education Building

DoIT Facilities:  1<sup>st</sup> Floor Enterprise Hall  1<sup>st</sup> Floor Enterprise Accts  Pedestrian Door

2<sup>nd</sup> Floor Admin/Executive  2<sup>nd</sup> Floor SHARE Offices

2<sup>nd</sup> Floor Client Services  2<sup>nd</sup> Floor Tech Room

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.

I accept the access privileges and acknowledge that I have read and understand the physical security access policy of the DoIT [Physical Access Control Policy](#) of the DoIT.

Applicant Signature:

Date:

Sponsor Signature:

Date:

Facilities Manager Signature:

Date: