

NCAS FINANCIAL CONTROLLER (FC) ADD/CHANGE CONTROLS FORM

OSC FORM SEC02 - FC

OPERATOR NAME: _____		OPERATOR ID #:
AGENCY: _____	AGENCY #: _____	REGION: _____
ADD: ___		CHANGE: ___

SELECTIVE SECURITY RESTRICTIONS

ACCESS Y/N	COMPANY		ACCOUNT		CENTER	
	FROM	TO	FROM	TO	FROM	TO
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

The security request above complies with my agency's internal controls (separation of duties) and policies to prevent security abuses. The operator above has also reviewed the NCAS Security Policy located on the OSC's Website.

REQUESTED BY: _____ <i>(Print Name of Agency Security Administrator)</i>	SECURITY ADMINISTRATORS' PHONE #: _____
_____ (Agency Security Administrator's Signature) <i>(Date)</i>	SECURITY ADMINISTRATORS' EMAIL: _____

IF YOU HAVE QUESTIONS ABOUT THIS FORM, CONTACT THE OSC SUPPORT SERVICES CENTER AT (919) 707-0795. REV.: 05/19

OSC USE ONLY NCAS: <input type="checkbox"/> USRT: <input type="checkbox"/>	
CHANGES TO SECURITY COMPLETED BY: _____	DATE: _____