

# NCAS INVENTORY (IN) ADD/CHANGE CONTROLS FORM

OSC FORM SEC02 - IN

|                      |                      |   |
|----------------------|----------------------|---|
| OPERATOR NAME: _____ | OPERATOR ID #: _____ | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| AGENCY: _____        | AGENCY #: _____      | REGION: _____   |
| ADD: ____            | CHANGE: ____         |   |

## SELECTIVE SECURITY RESTRICTIONS

**INVENTORY WAREHOUSE CONTROLS** (ATTACH SPREADHSEET IF MORE CONTROLS ARE NEEDED)

LIST WAREHOUSE CONTROLS (EX: XXMAIN, XXCENT)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL** SCREEN ACCESS (LIST SCREEN ID): (Please provide controls associated with additional screens in the Selective Security Restrictions Section.)

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**DENIED** SCREEN ACCESS (LIST SCREEN ID):

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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: \_\_\_\_\_ SECURITY ADMINISTRATORS' PHONE #: \_\_\_\_\_  
(Print Name of Agency Security Administrator)

\_\_\_\_\_  
(Agency Security Administrator's Signature)      (Date)      SECURITY ADMINISTRATORS' EMAIL: \_\_\_\_\_

IF YOU HAVE QUESTIONS ABOUT THIS FORM, CONTACT THE OSC SUPPORT SERVICES CENTER AT (919) 707-0795. REV.: 03/19

**OSC USE ONLY** NCAS:  USRT:

CHANGES TO SECURITY COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_