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| --- |
| **END USER INFORMATION** |
| TYPE OF USER: |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]   | State Employee / Paid Intern | [ ]   | State Contractor / Unpaid Intern | [ ]  | Vendor | [ ]   | Customer(Non-State Entity) |

 | EIN: |  |
|  |  |  |  | *If applicable* |
| FULL NAME: |  |  |  | TITLE/POSITION: |  |
|  | Last | First | M.I. |  |  |
| PHONE #: |  | EMAIL ADDRESS: |  | STATE AGENCY: |  |
|  |  |  |  |  |  |
| DEPT/DIVISION: |  | COMPANY: |  |
|  |  |  | *If applicable* |
| OFFICE LOCATION: |  |  |  |  |
|  | Street Address | City | State | Zip |

|  |
| --- |
| **HARDWARE INFORMATION** |
|  |
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|  |  |  |
| --- | --- | --- |
| **Serial Number** | **Manufacturer** | **Model** |
|       |       |       |

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| **BUSINESS JUSTIFICATION** |
| *Appropriate business justification and management/agency authorization is necessary before request will be review by ASET SPR for processing.* |

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| **END USER RESPONSIBILITY AGREEMENT** |
| By signing below, I affirm that* I am responsible for all actions pertaining to the use and distribution of assigned equipment.
* I understand that any security violation or misuse of equipment must be immediately reported to ADOA ASET SPR at 602-542-2252.

|  |  |  |  |
| --- | --- | --- | --- |
| END USER SIGNATURE: |  | DATE: |  |
|  |  |  |  |

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| **MANAGEMENT APPROVAL** |
| By signing below, as the above end user’s manager, I authorize this request.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| MANAGER’S NAME: |  | MANAGER’S SIGNATURE: |  | DATE: |  |
|  | *Please Print* |  |  |  |  |
| INFO SECURITY MANAGER’S NAME: |  | INFO SECURITY MANAGER’S SIGNATURE: |  | DATE: |  |
|  | *Please Print* |  |  |  |  |

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