

MCC VMS ACCOUNT REQUEST FORM

SLC CONTROL SYSTEM ACCOUNT

PASSWORD & ACCOUNT POLICY:

- We will contact you to issue your initial password. Please use a different password than your SCCS account password.
- Passwords must be at least 8 characters and contain at least one letter, one decimal digit.
- Can use letters (case insensitive), decimal digits, _ and \$ only.
- Don't use names or words from the dictionary or reversal of user name or account name.
- Password must be changed every 6 months.
- This is not a shared account. Keep your password private.**
- PLEASE TYPE OR PRINT CLEARLY**

NAME: _____ EXT: _____ PAGER#: _____

USERNAME: 1st Choice: _____ 2nd Choice: _____

(Username should match your SCCS account name, or choose your first name, last name, or initials.)

DO YOU REQUIRE A PERMANENT OR TEMPORARY ACCOUNT (CHECK ONE): Permanent Temporary

IF TEMPORARY, PLEASE CHECK HERE IF: Temporary Staff Visiting Physicist Summer Student
 How long is account needed (i.e. in the amount of days, weeks, months)? _____

CLASSIFICATION (check one)

- | | | | |
|----------------------------------|--------------------------|---|--------------------------|
| MCC Operation | <input type="checkbox"/> | Machine Physicist | <input type="checkbox"/> |
| Area Manager | <input type="checkbox"/> | Test Lab Technician | <input type="checkbox"/> |
| Hardware Engineer | | Accelerator Maintenance | |
| Power Supply | <input type="checkbox"/> | RF (AMRF) | <input type="checkbox"/> |
| RF | <input type="checkbox"/> | Kicker (AMK) | <input type="checkbox"/> |
| Network/CAMAC | <input type="checkbox"/> | East (AME) | <input type="checkbox"/> |
| Vacuum | <input type="checkbox"/> | West (AMW) | <input type="checkbox"/> |
| Software Engineering/Development | <input type="checkbox"/> | Plant Maintenance | |
| Test Lab Technician | <input type="checkbox"/> | Electrical (PME) | <input type="checkbox"/> |
| Other (Read Only) | <input type="checkbox"/> | Mechanical (PMM) | <input type="checkbox"/> |
| | | Instrument (PMI) | <input type="checkbox"/> |
| | | Detector Physicist
on Experiment _____ | <input type="checkbox"/> |

DEPARTMENT SUPERVISOR: _____

(Please print clearly)

DEPARTMENT SUPERVISOR SIGNATURE: _____ DATE: _____

Please return Form to Controls Software Engineering. For further questions dial x4738. Email: paz@slac.stanford.edu, MS 46, Fax 3515

AUTHORIZED USE BY CONTROLS SOFTWARE ENGINEERING PERSONNEL ONLY.

Authorizing Signature: _____

(Software Engineering Group Leader or Acting Group Leader)

Account Created By: _____ Date Account Created: _____

(Initials)