Department of Veterans Affairs	CAATS	CONTRACTOR	ACCESS REC	QUEST FORM	
PRIVACY ACT STATEMENT: The inform to accomplish the action requested by the requeste information on this form is voluntary; how	nation is solicited under a lester, including establish	ning, modifying or deleting a	Network Resources Cu	stomer Account. Furnishing	
ACTION REQUESTED (Check only one)					
CREATE NEW CUSTOMER MODI	FY EXISTING CUSTOMER	DELETE EXISTING CU	JSTOMER		
	2. CUST	TOMER INFORMATION			
A. FULL NAME (First Name, Last Name)		B. CAATS USER ID (En	nail Address)		
D. ADDRESS			E. CITY/STATE/	E. CITY/STATE/ZIP	
F. TELEPHONE NUMBER (Include Area Code) G. JOB TITLE/DE		PARTMENT	H. VENDOR CODE (Tax Identification Number)		
		SECTION A			
STATION ACCESS NEEDED		OBLIGATION NUMBER/			
(List all stations you need access to in CAATS)		CONTRACT		ROLE	
				INITIATOR READ ONLY	
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All access requested above will require appro	val before action can be o	completed. Send this form e	lectronically to your VR	&E representative.	
NOTE: Do not combine multiple staff in or	ne email request.				
3. SIGNATURES			DATE		
REQUESTING OFFICIAL AND TITLE				DATE	
VR&E OFFICIAL AND TITLE			DATE		
CAATS APPROVING OFFICIAL AND TITLE				DATE	