

DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY LSCMS-C ACCESS CONTROL FORM

Access Request Type:

Instructions

To obtain access to Logistics Supply Chain Management System - Cloud (LSCMS-C) environment, an end user must complete all applicable Access Control form fields and return form to the System Administrator for processing. This form must be signed by the end user and the end user's Supervisor/FEMA COR/FEMA Tender of Service Provider (TSPs) Program Officer, then sent to the LSCMS-C System Administrator's Team.

Note: This is a multi form document with attachments that requires review and completion.

All system access is provided for official business of Department of Homeland Security/Federal Emergency Management Agency/ Logistics Management Directorate. Any other use of this information may be in violation of the **Acceptable Use Standard for FEMA Information Technology Resources Memorandum** and the system **Rules of Behavior**.

Unauthorized usage, distribution, reproduction, modification or deletion of any end user information outside the intended and approved use is strictly prohibited. It is understood that these are LSCMS-C system role base user accounts and may only be utilized to complete supply chain management processing for order entry, shipping, tracking, and monitoring of assets and commodities associated with the FEMA Logistics Management Directorate (LMD).

Username:

Requestor Information

LSCMS-C/Logistic Gateway Training Date:

Name: <i>(Print or Type Last, First, MI)</i>	LMD Office: <i>(FEMA Internal Use Only)</i>
Email Address:	Phone Number:
Organization/Company	Organization/Company Address: <i>(Street, City, State, Zip Code)</i>
Position/Job Function:	Company Unique Entity Identifier # (UEI) <i>(12 characters)</i> :
Purpose:	Company SCAC # <i>(4 characters)</i> :

Requestor Agreement

By signing this form, I certify that the information provided is correct.

Requestor Signature:	Date Signed:
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Supervisor/FEMA COR/TSPs Program Officer Approval

By signing this form, I approve this end user for access requested on the LSCMS-C System.

Supervisor/FEMA COR/TSPs Program Officer Signature:	Date Signed:	Contact Phone Number:
Print Supervisor/FEMA COR/TSPs Program Officer Name:	Supervisor/FEMA COR /TSPs Program Officer Email:	

Access Request—Check Requested Items

Access will only be granted if the proper training courses have been completed, and the functionality is required to perform your job responsibilities. The LSCMS-C System Administrators, in conjunction with the Training Coordinators, Supervisors, FEMA COR, TSPs Program Officer has the final approval on the access that should be granted.

Combine Application Module (CA)	Warehouse Management Module (WM)	Region
CA View Only	WM View Only	R1 R3 R5 R7 R9
LMC/SCIB	WM Material Handler	R2 R4 R6 R8 R10
Logistics Systems Specialist/Manager	WM Inventory Management Specialist	
TMB		Vendor/Partner
Transportation Manager		Vendor/Partner
Sytem Admin		
TRACC		Transportation Service Providers (TSPs)
Tier 3 Support		Carrier Document Upload
		Carrier Web Tenders
Supply Chain Intelligence (SCI)		SYSTEM ADMINISTRATOR USE ONLY
SCI DC Standard User		Annual Re-certification
SCI Transportation User		<u>Training Status</u>
SCI DISC		Training Completed
SCI HQ User		Training Not Required
SCI Region User		
SCI Sys Admin User		
SCI Tier 3 User		
SCI Report Author		
	Distribution Centers (DC)/THSS	
	DC Atlanta DC Guam	
	DC Bayamon DC Hawaii	
	DC Caribbean DC Manteca	
	DC Cayey DC Ponce	
	DC Frederick DC Tracy	
	DC Fort Worth DC Green Castle	
	THSS Cumberland	
	DISC	
	DISC	
	DISC Order Entry	

Additional Information (Please identify the functionality you require access to, if it is not listed above):

Remove System Access (Optional.):

System Administrators Team Use Only

Date Created/Updated:	APPROVING OFFICIAL
	Request Type (check one):
	New
	Delete/Removal
	Re-certification
	Modification (explain in Additional Information Section)
Sys Administrator:	