

NTCSS REGISTRATION AND SYSTEM ACCESS FORM

All fields as applicable are required. Please e-mail completed form with valid digital signatures to ADPHelpdesk@cvn77.navy.mil.

First Name:	Middle Name:	Last Name:
Rank/Rate:	Dept:	Division: Work Center/Section:
Tel: No.:	EAOS:	PRD:

User Role Assignment:	<input type="checkbox"/> NTCSS User	<input type="checkbox"/> NTCSS Administrator
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Program Group/Access Role Assignment		
PROGRAM GROUP ACCESS	ACCESS ROLE ASSIGNMENT (APP ADMINISTRATOR SHOULD BE ASSIGNED BOTH ROLES)	SIGNATURE OF APPLICATION ADMINISTRATOR
<input type="checkbox"/> RSUPPLY	<input type="checkbox"/> All Users <input type="checkbox"/> App Administrator	
<input type="checkbox"/> OMMS NG	<input type="checkbox"/> All Users <input type="checkbox"/> App Administrator	
<input type="checkbox"/> RADM	<input type="checkbox"/> All Users <input type="checkbox"/> App Administrator	
<input type="checkbox"/> NALCOMIS	<input type="checkbox"/> All Users <input type="checkbox"/> App Administrator	

<u>User Printed Name (Legible)</u>	<u>Signature</u>	<u>Date</u>
<u>Division Officer Printed Name (Legible):</u>	<u>Signature</u>	<u>Date</u>

Notes:

FOR ADP USE ONLY			
Logon Name Assigned:		Date Completed:	
Completed By:	Legible Printed Name:	Verified By:	Legible Printed Name:
	Signature:		Signature:
User Detachment Date:		Date User Access Deleted:	