U.S. Department of the Interior

Bureau of Safety and Environmental Enforcement (BSEE)

eWell and TIMS Web Administrator Access Request Form

(This form must be printed on one page only, front and back)

I am requesting the following administrator additions or changes:

_____ **New Administrator**

_____ **Add Company**

_____ **Delete Administrator**

_____ **Existing eWell User/Admin or TIMS Web user Requesting TIMS Web Admin account**

Administrator information: (leave User ID blank for new users)

Current eWell User ID: _____ **TIMS Web User ID:** _____

Name: _____ _____ __ _____ _____

         Prefix   First Name   MI   Last Name   Suffix

Title: _____

Address: **Employer Name**: _____

                Division: _____

                Street: _____

                City: _____ **State:** _____

                ZIP: _____ **Country:** _____

                Phone Number: _____ **Fax Number:** _____

                Email: _____

CERTIFICATION

1. I understand that using the BSEE/BOEM TIMS Web system and eWell system means I will be using BSEE/BOEM Computer Systems, Electronic Mail, Internet connections and associated equipment, software and data. These resources are to be used for official government business only and in compliance with Department of the Interior and bureau policies. Law prohibits any other use of these items (18 USC Sec. 641). Violations of the law can result in loss of system access and criminal penalties.

2. If I am aware of a security breach (password sharing, hacking), I will immediately notify the BSEE Enterprise IT Service Desk.

3. I will select my own password and I will NOT share my password or username with anyone. If I no longer need access to the TIMS Web system and eWell system for any reason, I will expire all my entitlements and submit a new form to BOEM to delete my username from the system.

4. I have read the TIMS Web and eWell disclaimer and agree to the conditions specified in the document.

__ **I consent and will adhere to the above conditions.**

Administrator Signature: _____ Date**:** _____

Initial the appropriate authorization. Only one block must be initialed.

ADMINISTRATOR AUTHORIZATION

Please <u>initial</u> if administrator is employed by a BOEM-Qualified company.

____   I authorize this administrator to have full access to all my company's data and information stored in the BOEM/BSEE TIMS Web and eWell databases. The Administrator will be responsible for granting entitlements/roles (View, Enter, Submit, et cetera) to my company's data stored in the TIMS Web and eWell databases for company users.

AGENT ADMINISTRATOR AUTHORIZATION

Please <u>initial</u> if administrator is employed by a third party company acting as an agent.

____   I authorize this administrator as an agent administrator. As an agent administrator, they will have full access to all my company's data and information stored in the BOEM/BSEE TIMS Web and eWell databases. The Administrator will be responsible for granting entitlements/roles (View, Enter, Submit, et cetera) to company data stored in the TIMS Web and eWell databases for my company's users and agents.

NON-BOEM-QUALIFIED COMPANY AUTHORIZATION

Please initial if this account is being created for an External Reviewer (e.g., other Federal or State government agency) or a company that is not BOEM qualified (e.g. State-only operators or Service providers), conducting offshore operations under contract for a BOEM-qualified company, or is a State Lease holder with no Federal leases, or providing information to BSEE on a voluntary basis.

____   I authorize this administrator to have full access to all my company's data and information stored in the BOEM/BSEE TIMS Web database. The Administrator will be responsible for granting entitlements/roles (View, Enter, Submit, et cetera) to my company's data stored in the TIMS Web database for company users.

List all companies for which the administrator will grant entitlements/roles. These must be BOEM companies for which the representative below has BOEM signature authority, a Non BOEM-Qualified company under contract to a BOEM-qualified company, or a Surety company for which the representative is designated as having Power of Attorney (POA) on the attached POA document.

BSEE/BOEM Company Number
(Leave blank for
Non BOEM-Qualified Companies

Company Name
(Must match that on BOEM Qualification File
or the attached Surety POA)

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

Representative Name**:**   _____
                                (print)
Representative Title: _____

Representative Signature: _____   Date**:** _____

Updated on 02/26/2017