Department of Veterans Affairs	CAATS	CONTRACTOR	ACCESS REC	QUEST FORM	
PRIVACY ACT STATEMENT: The information to accomplish the action requested by the requester, the information on this form is voluntary; however, it	including establish	hing, modifying or deleting a	Network Resources Cu	stomer Account. Furnishing	
ACTION REQUESTED (Check only one)				-	
CREATE NEW CUSTOMER MODIFY EXIS	STING CUSTOMER	DELETE EXISTING CU	JSTOMER		
	TOMER INFORMATION				
A. FULL NAME (First Name, Last Name)		B. CAATS USER ID (En	nail Address)		
C. COMPANY	D. ADDRESS		E. CITY/STATE/	E. CITY/STATE/ZIP	
F. TELEPHONE NUMBER (Include Area Code) G. JOB TITLE/DEP		PARTMENT	H. VENDOR CO	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 approval bef	fore action can be	completed. Send this form e	lectronically to your VF	&E representative.	
NOTE: Do not combine multiple staff in one ema	ail request.				
DECLIFOTING OFFICIAL AND TITLE	3	S. SIGNATURES		DATE	
REQUESTING OFFICIAL AND TITLE				DATE	
VR&E OFFICIAL AND TITLE				DATE	
CAATS APPROVING OFFICIAL AND TITLE				DATE	