<b>V</b> Department of Veterans Affairs	CAATS	CONTRACTOR	R ACCESS REC	QUEST FORM
<b>PRIVACY ACT STATEMENT:</b> The information to accomplish the action requested by the requester, the information on this form is voluntary; however,	including establish	hing, modifying or deleting	g a Network Resources Cu	stomer Account. Furnishing
1. ACTION REQUESTED (Check only one)				
CREATE NEW CUSTOMER MODIFY EXI	STING CUSTOMER		CUSTOMER	
A. FULL NAME (First Name, Last Name)	2. CUS	B. CAATS USER ID	(Email Address)	
······································				
C. COMPANY	D. ADDRESS		E. CITY/STATE/	ZIP
F. TELEPHONE NUMBER (Include Area Code)	G. JOB TITLE/DEF	PARTMENT	H. VENDOR CC	DDE (Tax Identification Number)
	1	SECTION A		
STATION ACCESS NEEDED (List all stations you need access to in CAATS)			DN NUMBER/ ET NUMBER	ROLE
All access requested above will require approval be <b>NOTE: Do not combine multiple staff in one em</b>		completed. Send this form	n electronically to your VR	&E representative.
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3. SIGNATURES REQUESTING OFFICIAL AND TITLE				DATE
VR&E OFFICIAL AND TITLE				DATE
CAATS APPROVING OFFICIAL AND TITLE				DATE