**DEPARTMENT OF ACCOUNTS**

**FAACS LOGON REQUEST FORM FOR _____________ LOGON ID**
(Data Entry or Inquiry)

**Form:** FAACS-S1

**Date:** ___________

**Agency Number:** ______________

**Phone Number:** ________________

**FAACS Coordinator:** ________________

**FAX Number:** ________________

**Email address:** ________________

I certify that this agency maintains a system of internal control over on-line access to FAACS adequate to prevent unauthorized access to or changes in the data contained therein, and that the use of this form constitutes an integral part of that internal control system.

**Date:** ________________

**FAACS Security Officer:** ________________

**Access Agencies:**

<table>
<thead>
<tr>
<th>Code</th>
<th>FAACS Logon ID</th>
<th>User Name</th>
<th>Data Entry</th>
<th>Data Element</th>
<th>Summary</th>
<th>O/C</th>
<th>Tables</th>
</tr>
</thead>
</table>

New User Email Address (es):

__________________________________________________________________________________

__________________________________________________________________________________

=====================================================================================================  
**VALID CODES AND MATRIXES LISTED AT BOTTOM OF FORM**  

Valid Codes for “Code”:
- A = Add
- C = Change
- D = Delete

Valid Codes for Tables (Tab) Bulletin (Bul):
- U = Update (Update to these features restricted to DOA only)
- I = Inquiry

Valid Codes for Data Entry:
- H = Hold (Transactions can have a hold or incomplete status).
- R = Release (Transactions can have a hold, release, or incomplete status).
- I = Inquiry (Inquiry only, cannot enter transactions).

Open/Close (O/C) restricted to DOA ONLY *  

MAIL FORM TO:  
DEPARTMENT OF ACCOUNTS  
FINANCIAL REPORTING UNIT  
P.O. BOX 1971  
RICHMOND, VA 23218-1971  

DOA USE ONLY
Please enter initial and date.

- Password Chg
- FAACS Sec
- Agy Copy

DOA AUTHORIZED SIGNATURE: ________________