

National Institute of Standards and Technology  
Business Systems Division

NIST CAMS Portal Access Authorization

This form must be completed in order to obtain access to the NIST CAMS Portal. Please complete the user information block below. In order to be accepted, this form **must be signed by your supervisor**. You may not sign as the supervisor on your own form. Send completed forms to:

Teresa Coppolino  
100 Bureau Drive  
Building 222, Room A203, STOP 3740  
Gaithersburg, MD 20899-3740

Direct questions to the CAMS Customer Interaction Center at (301) 975-6100 or [camshelp@nist.gov](mailto:camshelp@nist.gov).

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Bureau/Division: \_\_\_\_\_ Bldg/Room: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Username: \_\_\_\_\_ Current CFS User: Y / N

(if no, you must complete a CFS access request also)

Portal function requested:	<input type="checkbox"/> Reports	<input type="checkbox"/> My Tools – read/write capability
	<input type="checkbox"/> Downloads	<input type="checkbox"/> My Tools – read only capability
	<input type="checkbox"/> Ad Hoc	<input type="checkbox"/> Maintenance
IP Address of PC: _____		
(Use this url to determine your IP address: <a href="http://network.nist.gov/myip/">http://network.nist.gov/myip/</a> )		

Supervisor Approval:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b><i>For Use by the NIST Business Systems Division</i></b>			
User Function:	<input type="checkbox"/> Accountant	<input type="checkbox"/> Administrative Officer	<input type="checkbox"/> System Admin
	<input type="checkbox"/> Accountant Technician	<input type="checkbox"/> Administrative Assistant	<input type="checkbox"/> DBA
	<input type="checkbox"/> Budget Analyst	<input type="checkbox"/> Group Leader	<input type="checkbox"/> Other
	<input type="checkbox"/> Senior Mgmt Advisor	<input type="checkbox"/> Division Chief	
BSD Approval Signature: _____		Date: _____	
Completion Date: _____		By: _____	