Root Equivalent Access Request

This form is to create root equivalent (hereafter referred to as root) access for an individual on OCF and SCF systems.
Users must have a regular account prior to requesting a root account on the systems specified on this form.

Section A: User Information

Last Name		First Name
Official User Name (last name + number)	Clearance Level (Q, L, P)	Citizenship (if not U.S., include VTS/Fast Track numbers)
Unclassified E-mail		Phone
LC User Name		

Section B: LLNL Employees Only

Directorate/Department/Division	Employee Number	L-Code

Section C: Non-LLNL Employees

Complete Company or School Name and Address (including ZIP code)	
Company Supervisor or Academic Advisor Name (please print)	Company Supervisor or Academic Advisor Phone

Section D: System Information and System Authorization

System Information (please list)
Listing more than one machine per line is allowed.

System Authorization
As the responsible ISSO, I certify that I am aware of this user's business need and approve privileged access on these systems for this user.

OCF Machines Requested	ISSO (please print)	ISSO Signature	Date

SCF Machines Requested	ISSO (please print)	ISSO Signature	Date

Section E: User Agreement

Action Requested

☐ New Account(s) ☐ Renew Account(s)

I am aware that this form is for access to specific systems and that I have a Root Equivalent Access Authorization form on file.

I certify that any root account that I am granted will only be used by me for authorized purposes. I certify that I understand and will follow the policies and procedures provided by my ISSO and/or AISSO for my root account on these systems.

I will change the initial password, if the System Administrator sets it for me, within one business day of receiving it.

I understand my root account password will be linked to my One Time Password (OTP) token where available. Otherwise, it will meet the DOE-specified password requirements as set forth in regulation DOE G 205.3-1. If the account is on the SCF, it will meet the additional requirement that it be machine generated. I am aware that I am required to change my password every six months if it is not linked to my OTP.

I will follow the appropriate protection guidelines for my root account password and the information contained on these systems.

I understand that my failure to follow any of the above policies and directions or to protect this privilege may result in disciplinary action and/or revocation of this privilege.

User Signature	Date

Section F: LLNL Supervisor/Sponsor Authorization

I request that the above user be granted root access to these systems. I am aware of the job responsibilities of this individual, and I certify that the business need is valid. I have verified that this user has the appropriate clearance needed, and I agree to notify the LC Support Hotline when this user no longer needs access.

LLNL Supervisor/Sponsor Name (please print)	LLNL Supervisor/Sponsor Signature	Date

Mail or fax completed forms to LC Customer Service Group

Lawrence Livermore National Laboratory, PO Box 808 L-63, Livermore CA 94551 • Fax (925) 422-0592
Questions? Contact the LC Customer Service Group by phone at (925) 422-4531, Option 2 or send e-mail to lc-support@llnl.gov