



# /usr/gapps Request

The gapps directory allows sharing of user supported application codes across all LC platforms. For more information on the structures and effective use of /usr/gapps, see <https://hpc.llnl.gov/hardware/file-systems/usr-gapps-file-system>

## Section A: User Information

Last Name		First Name	Middle Initial
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	
Regular LC User Name			UID (for LC use only)

## Section B: LLNL Employees Only

Directorate/Department/Division	Employee Number	L-Code
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## Section C: Non-LLNL Employees Student Information and LLNL Off-Site Only Users

Complete Company or University Name and Address (including ZIP code)	
Company Supervisor or University Sponsor Name (please print)	Company Supervisor or University Sponsor Phone

## Section D: Resource Information

Action Requested <input type="checkbox"/> Create <input type="checkbox"/> Update <input type="checkbox"/> Delete	Resource Requested (check one) <input type="checkbox"/> Directory <input type="checkbox"/> File <input type="checkbox"/> Symbolic Link	Type (check all that apply) <input type="checkbox"/> CZ <input type="checkbox"/> RZ <input type="checkbox"/> Collab <input type="checkbox"/> SCF <input type="checkbox"/> SNSI
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## Section E: For All Directories, Files, and Links, the Following Information Must Be Supplied

**Note:** If you wish to add files or symbolic links to the /bin, /data, /lib, or /include subdirectories, please specify those additional directions below. You will not be able to write into those directories.

Full Path Name /usr/ _____	
For Symbolic Links Specify full path name of directory or file that the link being created should point to _____	
For Files Specify full path name of file to be copied _____	
Owner	Group
Permissions*	

\*World (other) access requests on the OCF or SCF must also submit the *World Permissions* form

Comments

## Section F: Authorization Signatures

New Owner Name - Transfers Only (please print)**	New Owner Signature	Date
Current Owner Name (please print)	Current Owner Signature	Date
LC Coordinator Name (please print)	LC Coordinator Signature	Date

\*\*In case of ownership transfer new owner must make this request

**Mail or fax completed forms to LC Customer Service Group**

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Questions? Contact the LC Customer Service Group by phone at (925) 422-4531, Option 2 or send e-mail to [lc-support@llnl.gov](mailto:lc-support@llnl.gov)