

# DOT Remote Access Request Form

Please Print Information. Incomplete forms will be returned.

Dialup      OR       VPN

Name       User ID       Email Address

Agency       Phone Number

Address       County

What network resources will you be accessing via remote access and for what purpose?

Internet       Outlook       Mainframe

PRS      Justification: \_\_\_\_\_

What device will you be using for remote access?

DOT owned PC       DOT owned laptop       Company owned

Other (please specify) \_\_\_\_\_

What operating system will you be using? \_\_\_\_\_

What anti-virus software will you be using? \_\_\_\_\_

What is the computer name? \_\_\_\_\_

Do you have a WVNET dialup account or other Internet access?

Yes       No       Don't know

Other (please specify) \_\_\_\_\_

Where will you be using your remote access from?

Home       Hotels/Travelling       Other (please specify) \_\_\_\_\_

I understand that all devices accessing the network must have current operating systems, patch updates, and anti-virus software. This request is for one device only. Violation of these policies may result in loss of dialup or VPN privileges.

**User's Signature**      (print name beside signature)

**Date**

**Director/District Manager Signature**      (print name beside signature)

**Date**

**IS Signature**      (print name beside signature)

**Date**

**Mail or Fax Form To:**  
**WVDOT-Information Services**  
**1900 Kanawha Blvd.E Bldg.5**  
**Charleston, WV 25305**  
**FAX: (304) 558-2705 or 558-0674 or 558-8191**

**Date Assigned:**

**Date E-Mail Sent:**

Revised: 10/31/08