



Request Certificate for Secure Web Access

Organization Name: _____

MACSIS Vendor/UIP Number(s): _____ / _____

Name of Primary Certificate Holder: _____

Static IP Address of Primary Certificate: _____ . _____ . _____

Email Address of the Primary Certificate Holder: _____

Phone Number of the Primary Certificate Holder: _____

Signature for Primary Certificate Holder: _____

Date _____

Name of Alternate Certificate Holder: _____

Static IP Address of Alternate Certificate: _____ . _____ . _____

Email Address of the Alternate Certificate Holder: _____

Phone Number of the Alternate Certificate Holder: _____

Signature for Alternate Certificate Holder: _____

Date _____

I have given the above staff from our agency permission to upload and download files for our agencies. Grant them access to the ADAMHSCC Security Web Server.

Program Director Name _____

Email Address of the Program Director: _____

Phone Number of the Program Director: _____

Program Director Signature _____

Date _____

The Certificate holder should be the person at your organization who will be sending and receiving electronic files. The above person should have a strong understanding of the confidential nature of the information in the data files that he/she are sending and receiving. He/She should safeguard access to this data at your site to only authorized personnel from your organization.

This Form should be filled out and returned by mail to: ADAMHSCC IS Department
2012 West 25th Street 6th floor
Cleveland, Oh 44113

Ph 216.241.3400
Fax 216.363.1000