



Request Certificate for Secure Web Access

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

MACSIS Vendor/UPI 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 25<sup>th</sup> Street 6th floor  
Cleveland, Oh 44113

Ph 216.241.3400  
Fax 216.363.1000