NBCD Tracker System – USMC
User Access Application

(Part 1)

Directions: This is a two part form. Part one is to be completed by individual requesting access. Part two will be completed by SLAM-PMO. You can either print this form and fill it out by hand or enter information into the electronic version of this document. When entering information into the electronic form, use the **[Tab]** key or your mouse to move *forward* from field to field and **[Shift] + [Tab]** or your mouse to move backward. Text fields expand to accommodate text. Click the check boxes to select or deselect. When finished entering information, use **Save As** to save the form under a name of your choosing, and follow the directions below for processing the form.

User Information

***First Name:** _____ **MI:** _____ **Last Name:** _____

***Official Email Address:** _____

NMCI/MCEN Standard Login ID: _____ **(Example:** Murphykp)

Note: If you do not have a DoD Standard Login ID, you will be required to obtain one from your Network Security Officer.

***Last 4 digits of Social Security Number (Required):** _____

***Responsible Unit Code (RUC):** _____ (**Example**: **M32131)** Office Symbol: _____ (Example: S3, G4)

Unit Name and Mailing Address (No Abbreviations)

Unit Name: _____

Address 1: _____

Address 2: _____

City: _____ **State:** _____ **Zip + 4:** _____

APO/FPO: _____

Province: _____ ***Country Code:** _____

***Category of Activity:** ☐ US Military ☐ Government ☐ Contractor

***Unit Telephone Number:** **DSN** _____ **COM** _____ **FAX** _____

NBCD Officer Information

***Rank:** _____ **First Name:** _____ **MI:** _____ **Last Name:** _____

***Title:** _____

***Official Email:** _____

***Unit Telephone Number:** **DSN** **COM** **FAX**

User Acknowledgement and Signature

I agree to keep my password confidential and not to share it with anyone. I agree to use New Breed systems only for official USMC NBCD warehousing, fulfillment, and distribution services program purposes. I have been informed that New Breed Technology Services personnel will perform electronic security audits of account activities and that Internet/Intranet communications will be monitored. I have been advised that violations of policies and audit reports may be reported to management personnel in accordance with the New Breed Technology Services Acceptable Use Policy for External Users.

User Signature: _____ **Date:** _____

Submit form for approval to SLAM PMO. (FAX 703–630–0998)

US Postal Mail:
SLAM-PMO
Marine Corps Systems Command
2200 Lester Street
Quantico, VA 22134-6050

FEDEX and UPS Mail:
SLAM-PMO
415 Broadway St.
Suite 201
Quantico, VA 22134

FAX:
SLAM-PMO
703-630-0998

Part 2 of this form is to be completed by SLAM - PMO.

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(Part 2)

Access Request

Select the nature of the request.

☐ Add User ☐ Delete User ☐ Change Access

Select the system you would like to access.

☐ Production ☐ Test *(restricted)*

SLAM PMO Authorizing Manager Signature

Signature: _____ **Date:** _____

Name: _____

External Mail:
NBTS Support Center
New Breed, Inc.
PO Box 18367
Greensboro, NC 27419-8367

New Breed Interoffice Mail:
Support Center
New Breed Technology Services
TSG Building

FAX:
Support Center
336-856-2408

New Breed Approvals

Data Owner: _____ **Date:** _____

IT Support Manager: _____ **Date:** _____

Tracking

Ticket #: _____ **Date Opened:** _____ **Help Desk Analyst:** _____

Date Closed: _____ **Help Desk Analyst:** _____

QA Check: _____ **Date Performed:** _____ **QA Signature:** _____