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| **Security Authorization Form** |



**Customer Agency (full name)**:

**Washington Technology Solutions (WaTech) customers who use the Digital Government Core Infrastructure and Security Services are required to appoint security contacts who are authorized to request Customer Agency security changes.**

A goal of WaTech is to maintain the security of the shared State Government Network (SGN) in compliance with the Washington State IT Security Policy and Standards (<https://ocio.wa.gov/policies/141-securing-information-technology-assets>) and in a manner appropriate to the sensitivity of the applications and data that reside within the network. WaTech requires that agencies provide WaTech with contact information for both a primary and secondary person authorized to request Customer security information and submit Customer security change requests. Customer agencies are responsible for notifying WaTech of any changes to this security contact information by completing a Security Authorization form <https://watech.sp.wa.gov/ask/SI/SharedDocuments/Forms/AllItems.aspx> signing and mailing it to:

**Washington Technology Solutions**

**Information Security Office**

**PO Box 41502**

**1500 Jefferson ST SE**

 **Olympia, WA 98504-1502**

On an annual basis, WaTech verifies the accuracy of the Customer’s authorized security contacts. WaTech will provide Customer security information and implement Customer security change requests only from the authorized security contacts listed below. WaTech and Customer security contacts will coordinate problems or changes that affect the delivery of services specified below.

* **When adding, deleting, and modifying contacts, check all applicable services.**
* **Only like updates can be made on one form. *Example: John Doe needs to be modified to add and delete services. This will be done on two forms: one for the add and one for the delete.***

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| [ ]  Appointing Authority | [ ]  VPN/Citrix Access Gateway |
| [ ]  SecurID Administrator | [ ]  Firewall Access – Firewalls Authorizing: |
| [ ]  IPSec VPN – Branch Office | [ ]  DNS Administration - Domains Authorizing: |
| [ ]  IPSec VPN – Site-to-Site | [ ]  Domain Validation **(**Digital Certificate Authorization**)** |
| [ ]  SSL VPN | [ ]  Vulnerability Assessment Service |
| [ ]  Token Distributor | [ ]  SFT Administration |
|  |  |  |
| [ ]  **ADD CONTACT** | [ ]  **DELETE CONTACT** | [ ]  **MODIFY CONTACT** |
|  |  |  |
| Technical Contacts: | Prime-Time (M-F 8am-5pm) | Non Prime-Time |
| Primary : Name: |        |        |
|  Phone: |        |        |
|  Email: |        |        |
|  Mobile: |        |        |
|  |  |  |
| Secondary: Name: |        |        |
|  Phone: |        |        |
|  Email: |        |        |
|  Mobile: |        |        |
|  |  |  |
| **APPROVED BY: (Agency Appointing Authority)** |  | **Washington Technology Solutions** |
| Signature: |        | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Printed Name: |        | Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Title: |        | Title: Chief Info Security Officer |
| Date: |        | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Supplemental Security Contacts Form** |



**(Use this form only if more than two Security Contacts are required.)**

**Customer Agency (full name)**:

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| Technical Contacts: | Prime-Time (M-F 8am-5pm) | Non Prime-Time |
|  Name: |        |        |
|  Phone: |        |        |
|  Email: |        |        |
|  Mobile: |        |        |
|  |  |  |
|  Name: |        |        |
|  Phone: |        |        |
|  Email: |        |        |
|  Mobile: |        |        |
|  |  |  |
|  Name: |        |        |
|  Phone: |        |        |
|  Email: |        |        |
|  Mobile: |        |        |
|  |  |  |
|  Name: |        |        |
|  Phone: |        |        |
|  Email: |        |        |
|  Mobile: |        |        |
|  |  |  |
|  Name: |        |        |
|  Phone: |        |        |
|  Email: |        |        |
|  Mobile: |        |        |
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|  Name: |        |        |
|  Phone: |        |        |
|  Email: |        |        |
|  Mobile: |        |        |
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|  Name: |        |        |
|  Phone: |        |        |
|  Email: |        |        |
|  Mobile: |        |        |

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| **APPROVED BY: (Agency Appointing Authority)** |  | **Washington Technology Solutions** |
| Signature: |        | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Printed Name: |        | Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Title: |        | Title: Chief Info Security Officer |
| Date: |        | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |