

COMMUNICATION SERVICES DIVISION
SYSTEM SECURITY ACCESS REQUEST

Part A. To be completed by User Agency. (See instructions on back of form.)

REQUESTOR INFORMATION		
1. Action Type <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	2. Name of Requestor 4. Dept/Div/Br/Sec DLNR/CONVEYANCES	3. Title Registrar 5. Phone 587-0148 7. Date of Request
6. Signature of Requestor		

USER INFORMATION	
8. Name of User (first m.i. last)	9. Title
10. Dept/Div/Br/Sec DLNR/CONVEYANCES	
11. Effective Date:	12. Phone number when user is logged on:
13. Userid: <u> C </u>	14. Profile Userid (Wang/HP only): (see instructions on back) <u> C </u>
15. SYSTEM TO ACCESS	16. APPLICATION TO ACCESS
<input type="checkbox"/> DBFVS1 <input type="checkbox"/> IBM Host A <input checked="" type="checkbox"/> DBFVS2 <input type="checkbox"/> IBM Host B <input type="checkbox"/> DBFVS3 <input type="checkbox"/> IBM Host E <input type="checkbox"/> DBFVS4 <input type="checkbox"/> IBM HAWI <input type="checkbox"/> DBFVSTR <input type="checkbox"/> IBM AS/400 <input type="checkbox"/> DBFVSKP <input type="checkbox"/> HP	<input type="checkbox"/> IBM TSO <input checked="" type="checkbox"/> Wang SPEED II <input type="checkbox"/> IBM CICSV <input checked="" type="checkbox"/> Wang WP Plus <input type="checkbox"/> DISOSS <input type="checkbox"/> HP ARC/INFO <input type="checkbox"/> Natural <input checked="" type="checkbox"/> LNR Conveyance <input type="checkbox"/> AS/400 Office <input type="checkbox"/> _____ <input checked="" type="checkbox"/> Wang OFFICE <input type="checkbox"/> _____

Part B. ICSD Use Only. ***** DO NOT WRITE BELOW THIS LINE. *****

OFFICE AUTOMATION:	
WP PLUS Library _____	Printer _____
AS/400 Office userid: _____	DISOSS userid: _____
Signature: _____	Date: _____
GIS/HP PROJECT:	
(Partition)	(Directory)
Initial Attach Point: _____	
Prime userid assigned: _____	
Groups (6 max.): _____	
Signature: _____	Date: _____
SECURITY SECTION:	
Wang userid: _____	TSO userid: _____ 302876
Signature: _____	Date: _____

SYSTEM SECURITY ACCESS REQUEST

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USER INFORMATION	
8. Name of User (first m.i. last)	9. Title
10. Dept/Div/Br/Sec	
11. Effective Date:	12. Phone number when user is logged on:
13. Userid: _____	14. Profile Userid (Wang/HP only): (see instructions on back) _____
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<input type="checkbox"/> DBFVS1 <input type="checkbox"/> IBM Host A <input type="checkbox"/> DBFVS2 <input type="checkbox"/> IBM Host B <input type="checkbox"/> DBFVS3 <input type="checkbox"/> IBM Host E <input type="checkbox"/> DBFVS4 <input type="checkbox"/> IBM HAWI <input type="checkbox"/> DBFVSTR <input type="checkbox"/> IBM AS/400 <input type="checkbox"/> DBFVSKP <input type="checkbox"/> HP	<input type="checkbox"/> IBM TSO <input type="checkbox"/> Wang SPEED II <input type="checkbox"/> IBM CICSV____ <input type="checkbox"/> Wang WP Plus <input type="checkbox"/> DISOSS <input type="checkbox"/> HP ARC/INFO <input type="checkbox"/> Natural <input type="checkbox"/> _____ <input type="checkbox"/> AS/400 Office <input type="checkbox"/> _____ <input type="checkbox"/> Wang OFFICE <input type="checkbox"/> _____

Part B. ICSD Use Only. ***** DO NOT WRITE BELOW THIS LINE. *****

OFFICE AUTOMATION:	
WP PLUS Library _____	Printer _____
AS/400 Office userid: _____	DISOSS userid: _____
Signature: _____	Date: _____
GIS/HP PROJECT:	
(Partition)	(Directory)
Initial Attach Point: _____	
Prime userid assigned: _____	
Groups (8 max.): _____	
Signature: _____	Date: _____
SECURITY SECTION:	
Wang userid: _____	TSO userid: <u>302877</u>
Signature: _____	Date: _____

OUTSIDE

LAND COURT AUTOMATED TITLE SYSTEM (LCATS)
USER APPLICATION FORM

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Bus.) () _____ (Home) () _____

User FYI No. (2 characters/7 digits) _____

User ID No. (1st 4 letters of last name/initial of first and middle name)

 C _____

Password (8 characters or digits maximum) _____

Contact Person: _____ Tel. No. _____

The Department of Land and Natural Resources, Bureau of Conveyances, State of Hawaii, will not accept liability for erroneous or incorrect information provided through electronic media.

The information set forth in the Land Court Automated Title System (LCATS) is for reference and is reliable but not guaranteed and should be verified against the actual documents.

I, the undersigned, hereby agree to abide by all of the terms and conditions as stated in the Hawaii Administrative Rules 13-16-32.

Signature of User

Registrar of Conveyances

Date

Date

302878

DEPARTMENT OF LAND AND NATURAL RESOURCES

DIVISION/OFFICE _____

Computer Inventory

HARDWARE

MANUFACTURER		MODEL NUMBER	
DESCRIPTION			
SERIAL NUMBER		MONITOR SERIAL NUMBER	
VS WORKSTATION NUMBER		PERSON ASSIGNED	
LOCATION		WHERE PURCHASED	
DATE PURCHASED		NUMBER FLOPPY DISKS/SIZE	
HARD DISK SIZE		MEMORY SIZE	COST
COMMENTS:			

SOFTWARE

MANUFACTURER		VERSION NUMBER	
DESCRIPTION			
SERIAL NUMBER		PERSON ASSIGNED	
LOCATION		WHERE PURCHASED	
DATE PURCHASED		COST	
COMMENTS:			

302879

WANG ACCESS REQUEST

The following information is required in order to obtain access to the Wang computer located in the State Computer Center. If you have any questions, please call Dave Wharton at 548-2079. Return the completed form to the EDP Coordinator located in the Fiscal Office. Requests are normally implemented within three working days upon receipt.

<u>System</u>	<u>Application</u>	<u>Transaction type</u>
DBFVS1 <input type="checkbox"/>	OFFICE <input type="checkbox"/>	Add <input type="checkbox"/>
DBFVS2 <input checked="" type="checkbox"/>	Word processing <input type="checkbox"/>	Change <input type="checkbox"/>
	Other <input type="checkbox"/>	Delete <input checked="" type="checkbox"/>

Name (first, middle initial, last name): _____

Organization: Conveyances

Location: Kalinimoku

Security Level: INR Conveyance

Job title: _____

Userid (3 characters maximum, first, middle, last initials): _____

Password (8 characters or digits maximum): _____

Telephone number at which user can be reached when logged on: 548-

New user to have the same profile as userid: _____

EDP Coordinator Date

=====

THIS PORTION TO BE COMPLETED BY EDPD

New User Only:

Word processing library assigned: _____ Printer assigned: _____

For questions or problems regarding Wang OFFICE or word processing, please contact _____ at _____.

OA Section, EDPD Date

DSS Section, EDPD Date

WANG ACCESS REQUEST

The following information is required in order to obtain access to the Wang computer located in the State Computer Center. If you have any questions, please call Dave Wharton at 548-2079. Return the completed form to the EDP Coordinator located in the Fiscal Office. Requests are normally implemented within three working days upon receipt.

System	Application	Transaction type
DBFVS1 <u> </u>	OFFICE <u> x </u>	Add <u> x </u>
DBFVS2 <u> x </u>	Word processing <u> x </u>	Change <u> </u>
	Other <u> x </u>	Delete <u> </u>

Name (first, middle initial, last name): _____

Organization: Conveyances

Location: Kala'imoku Security Level: TNR Conveyance

Job title: _____

Userid (3 characters maximum, first, middle, last initials): _____

Password (8 characters or digits maximum): _____

Telephone number at which user can be reached when logged on: 548-_____

New user to have the same profile as userid: _____

EDP Coordinator. Date

THIS PORTION TO BE COMPLETED BY EDPD

New User Only:

Word processing library assigned: _____ Printer assigned: _____

For questions or problems regarding Wang OFFICE or word processing, please contact _____ at _____.

OA Section, EDPD Date

DSS Section, EDPD Date

302881

WANG ACCESS REQUEST

The following information is required in order to obtain access to the Wang computer located in the State Computer Center. If you have any questions, please call Dave Wharton at 548-2079. Return the completed form to the EDP Coordinator located in the Fiscal Office. Requests are normally implemented within three working days upon receipt.

<u>System</u>	<u>Application</u>	<u>Transaction type</u>
DBFVS1 _____	OFFICE <u>X</u>	Add _____
DBFVS2 <u>X</u>	Word processing <u>X</u>	Change _____
	Other <u>X</u>	Delete _____

Name (first, middle initial, last name): _____

Organization: Conveyances

Location: Kaldnimoku

Security Level: LNK Conveyance

Job title: _____

Userid (3 characters maximum, first, middle, last initials): _____

Password (8 characters or digits maximum): _____

Telephone number at which user can be reached when logged on: 548-_____

New user to have the same profile as userid: _____

EDP Coordinator

Date

THIS PORTION TO BE COMPLETED BY EDPD

New User Only:

Word processing library assigned: _____ Printer assigned: _____

For questions or problems regarding Wang OFFICE or word processing, please contact _____ at _____.

OA Section, EDPD

Date

DSS Section, EDPD

Date

302882