

**CONTRACTOR USER ACCESS REQUEST  
AVIATION MANAGEMENT SYSTEM (AMS)**

**Company Name:** \_\_\_\_\_

**Date** \_\_\_\_\_

**Purpose of this Form:** Access to the DOI aviation contract reporting and invoicing system (AMS) is controlled and will require identification of ALL individuals that utilize the system. You must submit the names, with signatures, of EACH company employee that needs access granted OR terminated from the system for purposes of system security. Your employee will then have system access granted or terminated under ALL DOI aviation contracts.

**Instructions:** Please add your employee's name in the field(s) below. You must create a separate request for each employee. Please complete the form electronically, print, sign and return the completed form to: Boise Acquisition Branch, Attn: AMS Request, 300 E. Mallard Drive, Ste 200, Boise, Idaho 83706. As an alternative, you may sign, scan and email the form to [ams-helpdesk@nbc.gov](mailto:ams-helpdesk@nbc.gov). After your form has been received and processed by this office it will then be forwarded to the AMS Helpdesk for action.

**Note:** This is a United States Federal Government software system, which may be accessed and used only for official Government business and only by authorized personnel. Unauthorized access or use of this software system may subject violators to criminal, civil, and/or administrative action under 18 U.S.C. 1030 et al. Do not discuss, enter, transfer, process, or transmit classified/sensitive national security information of greater sensitivity than that for which this system is authorized. Use of this system constitutes consent to security testing and monitoring.

*\*Acknowledgement by Signing Below: I have read and understand the terms for use of this system and agree to abide by them as an authorized user of the Aviation Management System (AMS). Any abuse or sharing of my password or other data contained by AMS with unauthorized users shall result in my immediate deactivation as an authorized user; or as prescribed by existing regulation or laws. By signing and accepting access to AMS, I accept these conditions.*

Add Access \_\_\_ OR Terminate Access \_\_\_ (If access is terminated, employee signature is not necessary)

**Employee Name:** \_\_\_\_\_ **Signature: \*** \_\_\_\_\_  
(Last Name, First Name)

**Employee E-Mail Address:** \_\_\_\_\_  
(Example: firstname.lastname@XXXXXX.com)

**Emp Phone No.:** \_\_\_\_\_ **Emp Fax No.:** \_\_\_\_\_  
(Area Code + Phone Number) (Area Code + Phone Number)

**Contractor Representative:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
(Last Name, First Name)

**CO:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Last Name, First Name)