

U.S. Department of the Interior  
Bureau of Ocean Energy Management (BOEM)  
Bureau of Safety and Environmental Enforcement (BSEE)

**TIMS Web Administrator Access Request Form**

(This form must be printed on one page only, front and back)

**ADMINISTRATOR INFORMATION:**

**New Administrator**

**Add Company for Administrator**

**Delete Administrator**

**Name:** \_\_\_\_\_  
Prefix                      First Name                      MI                      Last Name                      Suffix

**Title:** \_\_\_\_\_

**Address:**                      **Employer Name:** \_\_\_\_\_

**Division:** \_\_\_\_\_

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**ZIP:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**CERTIFICATION**

1. I understand that using the BOEM/BSEE TIMS Web system means I will be using BOEM/BSEE Computer Systems, Electronic Mail, Internet connections and associated equipment, software and data. These resources are to be used for official government business only and in conjunction with Department of the Interior and all related bureau policies. Law prohibits any other use of these items (18 USC Sec. 641). Violations of the law can result in loss of system access.
2. If I am aware of a security breach (password sharing, hacking), I will immediately notify the Enterprise IT Service Desk.
3. I will select my own password and I will NOT share my password or username with anyone. If I no longer need access to the TIMS Web system for any reason, I will expire-all entitlements and submit a new form to BOEM to delete my username from the system.
4. I will handle sensitive data appropriately and understand that this information is not to be exchanged, divulged or otherwise compromised in any way unless necessary for official government business. I agree not to disclose information covered by the Privacy Act to unauthorized personnel.
5. I have read the TIMS Web disclaimer and agree to the conditions specified in the document.

**I consent and will adhere to the above conditions.**

**Administrator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Initial the appropriate authorization. Only one block must be initialed.

### ADMINISTRATOR AUTHORIZATION

Please **initial** if administrator is employed by a BOEM Qualified company.

\_\_\_\_ I authorize this administrator to have full access to all company data stored in the BOEM Company and Bonding databases. The Administrator will be responsible for granting entitlements/roles (View, Enter, Submit, et cetera) to company data stored in the TIMS Web database for company users.

### AGENT AUTHORIZATION

Please **initial** if administrator is employed by a third party company acting as an agent.

\_\_\_\_ I authorize this administrator as an agent administrator. As an agent administrator, they will have full access to all company data stored in the BOEM Company and Bonding databases. The Administrator will be responsible for granting entitlements/roles (View, Enter, Submit, et cetera) to company data stored in the TIMS Web database for company users and agents.

### SURETY COMPANY AUTHORIZATION

Please **initial** if administrator is employed by a Surety company.

\_\_\_\_ I authorize this user as Surety administrator and certify that I have Power of Attorney rights for the Surety as shown in the attached Power of Attorney document. As a Surety administrator, the administrator will have full access to all company data stored in the BOEM Surety Company and Bonding database. The administrator will be responsible for granting entitlements/roles (View, Enter, Submit, et cetera) to company data stored in the TIMS Web database for users of this Surety company.

List all companies for which the administrator will grant entitlements/roles. These must be BOEM companies for which the representative below has BOEM signature authority or a Surety company for which the representative is designated as having Power of Attorney (POA) on the attached POA document.

#### BOEM Company Number

(Leave blank for Surety companies)

#### Company Name

(Must match that on BOEM Qualification File or the attached Surety POA)

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Representative Name: \_\_\_\_\_  
(print)

Representative Title: \_\_\_\_\_

Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_