

AZAFIS SERVICE REQUEST

1. Request Date	2. Requestor Name	3. Requestor Agency	4. Request Number
5. Requestor Title	6. Requestor Phone	7. Requestor Internet	8. Requestor FAX
9. Agency Name & Address		10. <input type="checkbox"/> New AZAFIS Workstation Operator Access Name: DOB: SSN: Date of Hire: Current TOC Number: <input type="checkbox"/> Latent Operator <input type="checkbox"/> Tenprint Operator	
11. <input type="checkbox"/> New Access (TOFI Required)	12. <input type="checkbox"/> Hardware Modification	13. <input type="checkbox"/> Network Modification	15. <input checked="" type="checkbox"/> Cost Estimate
14. <input type="checkbox"/> Software Modification			
16. Description of Requested AZAFIS Service (including requested completion date):			
<p><i>NOTE: If service requested entails New Access, complete the attached Technical, Operational, Fiscal Impact (TOFI) Analyses document.</i> 17. <input type="checkbox"/> TOFI Document Attached</p>			
<p><i>NOTE: If requested service modifies current network configuration, FAX (602-223-2978), email (dcbritt@dps.state.az.us), or mail diagram of current configuration and diagram of proposed configuration, including functional work flow. Detail of diagrams must be to port level. If this request requires network/site configuration changes, final approval of AZAFIS Service Request will not be granted until acceptable network/site configuration diagrams are received and approved by the State AZAFIS System Administrator.</i></p> <p>18. Required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Date Network/Site Configuration Diagrams Received by State AZAFIS System Administrator: _____</p>			
20. Vendor Review & Comments Required: <input type="checkbox"/> Sagem Morpho Project Mgr <input type="checkbox"/> Morpho Operations Manager <input type="checkbox"/> Identix, Inc. <input type="checkbox"/> IISI, Ltd. <input type="checkbox"/> ImageWare Software, Inc. <input type="checkbox"/> QWest <input type="checkbox"/> Other:			
21. Comments:			
22. SERVICE REQUEST <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED BY:			DATE:
24. Distribution: <input type="checkbox"/> Requestor <input type="checkbox"/> Site Administrator <input type="checkbox"/> Identix <input type="checkbox"/> IISI <input type="checkbox"/> ImageWare Software <input type="checkbox"/> Qwest <input type="checkbox"/> Morpho Project Manager <input type="checkbox"/> Morpho Operations Manager <input type="checkbox"/> Other <input type="checkbox"/> AZAFIS Training Coordinator <input type="checkbox"/> Agency File <input type="checkbox"/> Project File		25. Assigned AZAFIS Project Manager: 26. Projected Completion Date: 27. Date Service Request Closed:	