



System Access Request Form

Mail or email this completed form to your Commerce program manager. The Contract Management System Portal (CMS) is accessed through Secure Access Washington (SAW). Use this link to access the SAW site <https://secureaccess.wa.gov/> and create a SAW account.

Upon receipt of this form, your Commerce program manager will send a CMS Registration Code to your SAW email address. See the [CMS training manual on the website](#) for instructions on how to create a SAW account and to login to CMS.

Requestor Information

FIRST NAME	LAST NAME	WORK PHONE	CELL PHONE
SAW EMAIL		FAX PHONE	ROLE
			<input type="checkbox"/> Data Entry and Submit <input type="checkbox"/> Data Entry Only <input type="checkbox"/> Read Only
ORGANIZATION NAME		STATEWIDE VENDOR NUMBER	
ORGANIZATION NAME		STATEWIDE VENDOR NUMBER	

Requestor Agreement

By signing this form, I certify that I am authorized to view and/or submit information on behalf of the organizations listed above, will practice adequate Password management by keeping Passwords confidential and agree to the Conditions of Use Access Agreement.

<http://www.commerce.wa.gov/privacy-information/conditions-use-access-agreement/>

PRINTED NAME	SIGNATURE	DATE

Manager Approval

By signing this form, I approve this employee to access the CMS portal on behalf of the organizations listed above.

PRINTED NAME	SIGNATURE	DATE