# System Access Request Form

Mail or email this completed form to your Commerce contract 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 contract manager will send a CMS Registration Code to your SAW email address. See the [CMS training manual on the website](http://www.commerce.wa.gov/about-us/contract-management-system-portal/) 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  |
|       |       | [ ]  Data Entry and Submit[ ]  Data Entry Only[ ]  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 |
|       |       | Click or tap to enter a 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 |
|       |       | Click or tap to enter a date. |