# System Access Request Form

Return the completed form to your Commerce contract manager by the method requested; email or Smartsheet upload. 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. |