**SYSTEM USER SET UP FORM**

**FIRE DEPARTMENT MANAGEMENT System**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form to:**

Office of the Fire Commissioner

508 – 401 York Avenue, Winnipeg, MB R3C 0P8

Phone: (204) 945-3322 or Fax: (204) 948-2089

***This information is confidential and will only be used by the Security Token Administrator to set up and support access to the FDM System.***

**Recipient Information (Please Print):**

|  |  |
| --- | --- |
| **Recipient Full Legal Name:** |  |
| **Address:** |  |
| **City/Town, Province:** |  |
| **Postal Code:** |  |
| **Phone Number:** |  |
| **Fax Number:** |  |
| **E-mail Address:** |  |

**Security Manager & System User Information (Please Print):**

|  |  |  |
| --- | --- | --- |
|  | **Security Manager** | **System User** |
| **Name:** |  |  |
| **Phone Number:** |  |  |
| **E-mail Address:** |  |  |

***I agree to notify The Office of the Fire Commissioner immediately upon termination of my employment at the above noted Recipient site and to return my Security Token to The Office of the Fire Commissioner for re-assigning purposes. I will also complete the FDM System User Change/Termination Form and send it to The Office of the Fire Commissioner.***

System User Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Recipient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**For LIM Use Only**

Userid Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Default Password: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Security Token Serial Number Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Security Token Issue Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Security Token Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_