

# NCAS CHANGE OPERATOR SECURITY PROFILE FORM

OSC FORM SEC03

OPERATOR NAME: _____	OPERATOR ID #:	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
AGENCY: _____	AGENCY #: _____	REGION: _____
CHANGE: APPLICATION: * <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	NCAS OR AGENCY PROFILE NUMBER: _____	

IF THE OPERATOR'S SECURITY DIFFERS FROM THE SELECTED NCAS OR AGENCY SECURITY PROFILE, INDICATE EACH SCREEN CHANGE. THE SELECTIVE SECURITY RESTRICTIONS LISTED BELOW SHOULD APPLY FOR **EACH** SCREEN ID INDICATED. NOTE SPECIFIC RESTRICTIONS TO COMPANY/ACCOUNT/CENTER ON FORM OSC SEC02.

**THE FOLLOWING SCREEN(S) DIFFER FROM THE PROFILE LISTED ABOVE.**

**ADDITIONAL** SCREEN ACCESS (LIST SCREEN ID): (Please provide controls associated with additional screens in the Selective Security Restrictions Section.)


**DENIED** SCREEN ACCESS (LIST SCREEN ID):


**SELECTIVE SECURITY RESTRICTIONS INCLUDE:**

**Purchasing Module:**  
 BUYING ENTITIES: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ and/or FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**Purchasing/AP Module:**  
 PAYING ENTITIES: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ and/or FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**Procurement Card Module:**  
 PROCUREMENT CARD: LOCATION CONTROLS \_\_\_\_\_ CARD NUMBER CONTROLS \_\_\_\_\_

**Inventory Module:**  
 CATALOG ENTITIES: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ and/or FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
 WAREHOUSES: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ and/or FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**AR Module:**  
 AR COMPANY CONTROLS \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ and/or FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
 AR CREDIT ANALYST CONTROLS \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ and/or FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**Budgetary Control Module:**  
 ADD/CHANGE OPERATOR TO **BC DOCUMENT END APPROVAL OPERATOR CONTROL GROUP(S)**:  
 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Operator IDs listed for END APPROVAL will have authority to end documents for the Operator ID listed at the top of this form.)

The security request above complies with my agency's internal controls (separation of duties), and policies to prevent security abuses in the NCAS. The operator above has also been given a copy of the OSC personal information disclaimer statement and agrees to comply.

REQUESTED BY: *(Agency Security Administrator's Signature)* \_\_\_\_\_ / / *(Date)*

**OSC USE ONLY**

**CHANGES TO SECURITY COMPLETED BY:**  
 IF YOU HAVE QUESTIONS ABOUT THIS FORM, CONTACT THE OSC SUPPORT SERVICES CENTER AT (919) 707-0795. REV.: 06/12