External Standard Operating Procedures
For Requesting Access to the FAS Enterprise Server (FES)

I. General

All persons requiring access to the FAS Enterprise Server will be required to submit a DLA Form 1811 (System Access Request).

After completion of the DLA Form 1811 the new user will then forward the form to the appropriate Service Control Point (SCP) Representative.

Air Force Representative:

Robert Smith
Email Address: Robert.Smith2@lackland.af.mil
Fax Number: (DSN) 945-2326
Commercial Number: 210-925-9959 (DSN) Number: 945-9959

Army (Primary) Representative:

Regena Brooks
Email Address: rbrooks@usapc-emh1.army.mil
Fax Number: (DSN) 977-5002
Commercial Number: 717-770-7105 (DSN) Number: 977-7105

Army (Alternate) Representative:

Sue Hunt
Email Address: shunt@usapc-emh1.army.mil
Fax Number: (DSN) 977-5002
Commercial Number: 717-770-7109 (DSN) Number: 977-7109

Navy Representative:

Ron Baker
Email Address: rbaker@desc.dla.mil
Fax Number: DSN: 427-8746
Commercial Number: 703-767-7639 (DSN) 427-7639

DFSP's Representative:

Alice Rivenbark
Email Address: arivenbark@desc.dla.mil
Fax Number: (DSN) 427-8746
Commercial Number: 703-767-8700 (DSN) Number: 427-8700

II. Procedures

1. New user can obtain the DLA Form 1811, System Access Request Form from the PDF file at this DESC Web page Instructions for completing the form are also at this web site.

2. DLA Form 1811 may also be obtained from the FES Web Applications at the following URL addresses.

   HTTPS://www.feshub.desc.dla.mil
   HTTP://www.ptweb1.desc.dla.mil
   HTTP://www.ptweb2.desc.dla.mil

3. Once at the FES Web application, new user will need to click on the Fuels Customer & Inventory Icon **(Enclosure 1)**. Then Click "OK."

4. The new user will then click on the click 'here' to download the DLA Form 1811 to his/her screen **(Enclosure 2)**.

5. A DLA Form 1811 will appear on the users screen **(Enclosure 3)**.

6. New user will print a copy of the DLA Form 1811 and complete the form by following the enclosed instructions **(Enclosure 4)**. The new user will forward the DLA Form 1811 to his/her appropriate Service Control Point Representative for processing.

6. After the appropriate Service Control Point Representative receives the DLA Form 1811 from the new user and annotates the form with the appropriate DODAAC(s), Security Privileges and verifies the new user has been properly investigated he/she will then forward the form to DESC for review.

DESC Representative:

Alice Rivenbark
Email Address: arivenbark@desc.dla.mil
FAX Number: (DSN) 427-8746
Commercial Number: 703-767-8700 (DSN) 427-8700

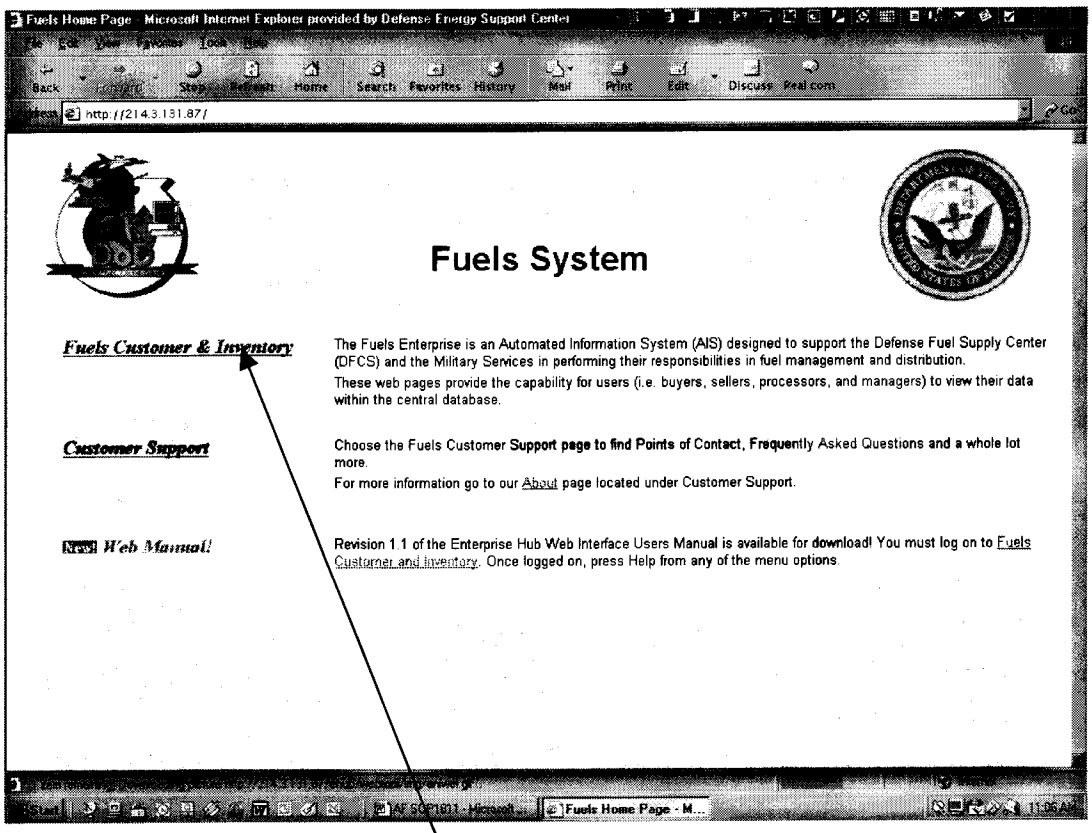
7. The FES Security Manager (Joanna Sekuterski) will contact the new user with his/her logon and password once the account has been established.

8. Contact the Atlanta FES Help Desk for questions/problems concerning your logons, passwords, and or locked accounts.

Altanta Help Desk:

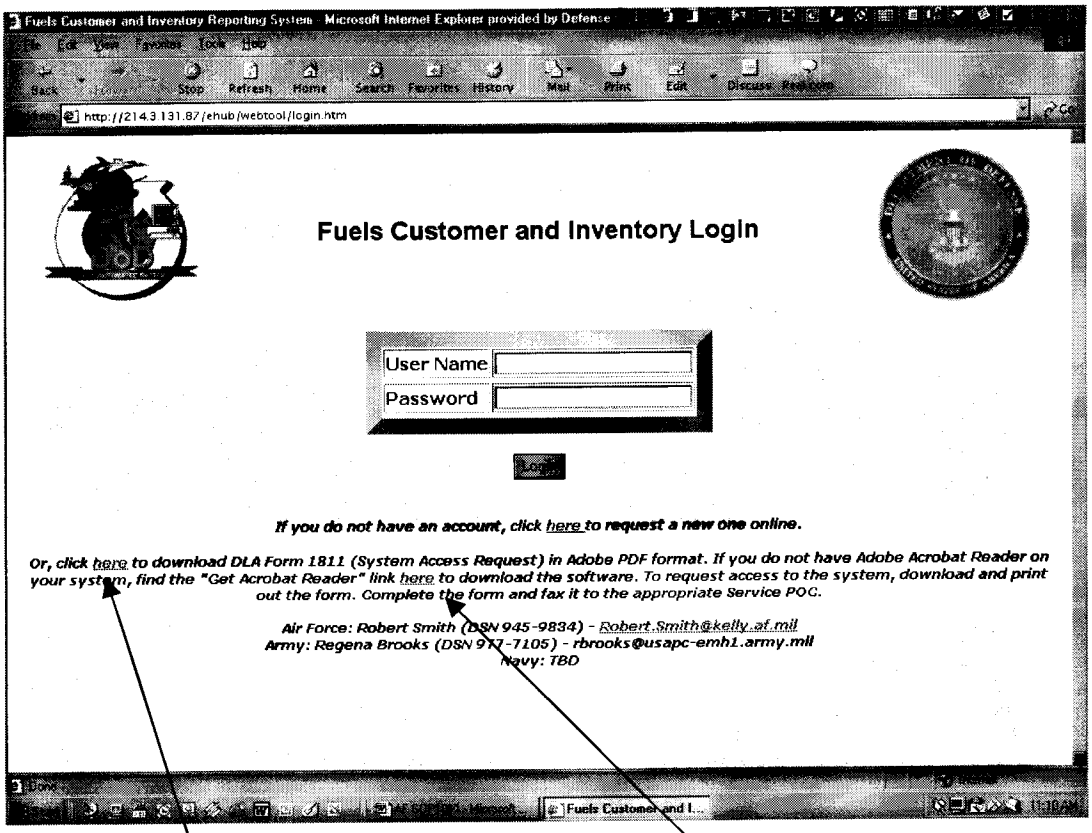
1-800-446-4950

Enclosure 1 to SOP for Requesting Access to the FAS Enterprise Server



Click Here to Enter and get to the DLA Form 1811 Download Screen

Enclosure 2 to SOP for Requesting Access to the FAS Enterprise Server



Click here to download the DLA Form 1811

The DLA Form 1811 is in Adobe PDF format. If you need the appropriate form reader, click here

Enclosure 3 to SOP for Requesting Access to the FAS Enterprise Server

FOR OFFICIAL USE ONLY

SYSTEM ACCESS REQUEST

THIS FORM IS REQUIRED FOR ALL DLA/NON-DLA PERSONNEL REQUESTING ACCESS TO AND DELETION FROM A DLA AUTOMATED INFORMATION SYSTEM (AIS).
IF USER IS TO BE DELETED, COMPLETE USERID, NAME, AND SYSTEM TO BE DELETED FROM.
ONLY ONE USER PER FORM. SEND COMPLETED FORM TO DASC-G DESK.

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 10450; 5U.S.C. 301, et seq; DLA Privacy Act System Notice S500.50 DLA I, Individual Access Records, applies.

PRINCIPAL PURPOSE(S): Personal information on this form is used to grant the individual access to a sensitive DLA Automated Information System (AIS). The provided information is used to ensure that only authorized personnel have access to this system.

ROUTINE USE(S): Information from this system may be disclosed for any of the DLA blanket routine uses.

DISCLOSURE: Disclosure of information on this form is voluntary. However, if the information is not provided, system access will be denied.

1. TYPE OF ACTION REQUIRED: ("X" one)
☐ NEW USER ☐ USER WITH ASSIGNED USERID (Input USERID in Block 2 below) ☐ DELETE USER ☐ PASSWORD REMOVED

OFFICE SYMBOLS
FROM _____ TO _____

2. USERID	3. NAME (Last, First, Middle initial)	4. OFFICE SYMBOL	5. OFFICE TELEPHONE NUMBER: a. COMMERCIAL ( )	b. DEN

6. DLA USER? ☐ YES ☐ NO	7. INDIVIDUAL MAILING ADDRESS	7a. REQUESTING SUPERVISOR
a. SOCIAL SECURITY NUMBER / b. CONTRACTOR ☐ YES ☐ NO		a. EMAIL ADDRESS / c. E-MAIL Extension

8. SYSTEM TO BE ACCESSED

a. MODULAR ("X" one box only): ☐ DLSS ☐ FDMC ☐ MCMC ☐ CA ☐ DASC

b. MID-TIER (Mark than one box may be "X"): ☐ DLAHP1 ☐ DLAHP2 ☐ DLAHP3 ☐ DLAHP6 ☐ DLAA1 ☐ DLAA2 ☐ DLAA3 ☐ DLAA4 ☐ SC26 ☐ SC63 ☐ SC05

c. PC DRIVEN (Mark than one box may be "X"): ☐ MS24 ☐ T200 ☐ T90

d. SPECIFY APPLICATION: _____

8. OTHER SYSTEMS (Indicate in 7b. type of location, i.e., mainframe, network, etc.)
a. NAMES (of Systems) / b. LOCATION (DLA) / c. WEAPONS (of Systems) / d. MICAS

e. TYPES OF FUNCTIONS (Specify/Use additional sheets if necessary.)

10. TERMINAL AREA SECURITY OFFICER (TASO)	a. NAME (Last, First, Middle Initial)	b. EMAIL ADDRESS	c. E-MAIL Extension	d. DATE	e. SIGNATURE
11. DASC-G		a. EMAIL ADDRESS: 1SSCtrusl@hq.dla.mil	b. E-MAIL Extension	c. DATE	d. SIGNATURE

DLA FORM 1811, MAR 96 (EG) PREVIOUS EDITION IS OBSOLETE Form Date V2.16 (DLA)

Enclosure 4 to SOP for Requesting Access to the FAS Enterprise Server

Directions for Completing the DLA Form 1811 -System Access Request

I. Complete the following blocks only. Prefer the form be typed however if hand-written ensure writing is legible.

Block 1: Place an '**X**' in the NEW USER box

Block 3: Last Name, First Name, Middle Initial (and Rank if military)

Block 4: Office Symbol or Site/Base Name

Block 5a: Commercial Phone Number

Block 5b: DSN Number

Block 6a: Social Security Number

Block 6b: Place an '**X**' in the appropriate box

Note: If new user is a *Contractor,* please attach one or more of the following documents to the DLA Form 1811. The following are acceptable means for validating an individual's clearance/investigation level:

- The DLA Form 1728 signed by the Security Specialist
- A letter from the Government Security Manager providing the type of clearance/investigation, date the clearance was granted and the granting agency
- A Visit request form signed by the agency's security manager
- The DISA Form 41, with the security section completed the agency's security manager

Note: If new user is a *Foreign National*, please attach one or both of the following documents to the DLA Form 1811. The following are acceptable means for validating an individual's clearance/investigation level:

- A Visit request form signed by the agency's security manager
- The DISA Form 41, with the security section completed the agency's security manager

Block 6c:	Mailing Address
Block 7a:	New users **Supervisor's** Name
Block 7b:	New users **Supervisor's** Email Address
Block 8d:	Enter " FES ENTERPRISE SERVER"
Block 9e:	(REQUIRED) New users email address (REQUIRED) DODAAC(s) that new user needs access to (REQUIRED) Security privileges required **Note: If new user is unsure of which DODAAC(s) and/or Security Privileges he/she needs then the Service Control Point Representative will determine and will annotate the DLA Form 1811.
Block 10a:	New users **TASO/Security Officer's** Name
Block 10b:	**TASO/Security Officer's** Email Address
Block 10d:	Date of Submission
Block 10e:	**TASO/Security Officer's** Signature

SYSTEM ACCESS REQUEST

THIS FORM IS REQUIRED FOR ALL DLA/NON-DLA PERSONNEL REQUESTING ACCESS TO AND DELETION FROM A DLA AUTOMATED INFORMATION SYSTEM (AIS). IF USER IS TO BE DELETED, COMPLETE USERID, NAME, AND SYSTEM TO BE DELETED FROM. ONLY ONE USER PER FORM. SEND COMPLETED FORM TO DASC-O (ISSO).

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 10540. 50 U.S.C. 781, et seq. DLA Privacy Act System Notice S500.50 DLA-I, Individual Access Records, applies.

PRINCIPAL PURPOSE*(S)*: Personal information on this form is used to grant the individual access to a sensitive DLA Automated Information System (AIS), The provided information is used to ensure that only authorized personnel have access to this system.

ROUTINE USE*(S)*: Information from this system may be disclosed for any of the DLA blanket routine uses.

DISCLOSURE: Disclosure of information on this form is voluntary. However, if the information is not provided, system access will be denied.

1. TYPE OF ACTION REQUIRED *("X" one)*

☐ NEW USER ☐ USER WITH ASSIGNED USERID *(Input USERID in Block 2 below.)* ☐ DELETE USER ☐ REASSIGNED/MOVED

OFFICE SYMBOLS FROM _____ TO _____

2. USERID	3. NAME *(Last, First, Middle Initial)*	4. OFFICE SYMBOL	5. OFFICE TELEPHONE NUMBER	
			a. COMMERCIAL ( )	b. DSN

6. DLA USER? ☐ YES ☐ NO		c. BUSINESS MAILING ADDRESS	7a. REQUESTING SUPERVISOR	
a. SOCIAL SECURITY NUMBER	b. CONTRACTOR ☐ YES ☐ NO		b. E-MAIL ADDRESS	c. E-MAIL Extention

8. SYSTEM TO BE ACCESSED

a. HQDLA LAN: *("X" one box only)* ☐ DLSC ☐ FO/GC ☐ DCMC ☐ CA ☐ DASC

b. MID-TIER: *(More than one box may be "X'd")* ☐ DLAHP1 ☐ DLAHP2 ☐ DLAHP3 ☐ DLAHP5 ☐ DLAA1 ☐ DLAA2 ☐ DLAA3 ☐ DLAA4 ☐ SCO1 ☐ SCO3 ☐ SCO5

c. IPC COLUMBUS: *(More than one box may be "X'd")* ☐ M204 ☐ T204 ☐ TSO

d. SPECIFY APPLICATION: _____

9. OTHER SYSTEMS *(Indicate in 10.e. type of function, i.e., inquiry, update, etc.)*

☐ a. SAMMS *(All Centers)* ☐ c. WEAPONS *(All Centers)*

☐ b. LOGRUN *(DLIS)* ☐ d. MOCAS

e. TYPES OF FUNCTIONS *(Specify) (Use additional sheets if necessary.)*

10. TERMINAL AREA SECURITY OFFICER *(TASO)*	a. NAME *(Last, First, Middle Initial)*	b. E-MAIL ADDRESS	c. E-MAIL Extention	d. DATE	e. SIGNATURE
11. DASC-O		a. E-MAIL ADDRESS ISSOmail@hq.dla.mil	b. E-MAIL Extention	c. DATE	d. SIGNATURE