



# Communication Assets Survey and Mapping Tool (CASM) User Account Request / Approval Form

Personnel responsible for the management, command, or operation of public safety communications systems and supporting information systems are eligible to access the Communications Survey and Mapping (CASM) tool web site. Such persons must be employed by, or a volunteer of a governmental entity, or a contractor of a governmental entity providing the described services. Examples of qualifying positions include but are not limited to engineers, technicians, managers, information systems specialists, supervisors and telecommunicators.

***Instructions: Complete and sign this form. Send form to the agency approval authority for signature. After agency approval, please print and mail to:***

*Statewide Interoperability Coordinator  
Attn: Statewide Interoperability Coordinator  
1900 Kanawha Blvd., E. Bldg. 1, Room W-400  
State Capitol Complex  
Charleston, WV 25305*

Account Action \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Organization / Company: \_\_\_\_\_

Title: \_\_\_\_\_

Official Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number\*: \_\_\_\_\_ Cell Phone\*: \_\_\_\_\_

Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_

\*At least one phone number (land or cell) is required.

CASM maintains Agency and State/Urban Area data that is considered Public Safety Sensitive. I agree to be responsible for providing proper safeguards for any information I obtain from the tool. I will treat the information as sensitive, and share the information only in the execution of my required duties and within the existing information security standards enforced by my organization. Information obtained from use of CASM or any other data gathering methods will not be used for private gain. Access to this information does not constitute right of use. All FCC rules and regulations still apply. Before vacating my current position and have no further need to access this web site, I agree to notify my CASM Administrative Manager in order to be deleted from access capabilities. This is an individual account and I understand that sharing my user ID and password is not permitted. I understand this tool is not intended to be used for tactical and/or real-time operations; it is an analysis tool only.

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

User Printed Name: \_\_\_\_\_

**Level of Access Requested:**

- \_\_\_ CAM (Map View) Only
- \_\_\_ State/Urban Area Level
- \_\_\_ Agency Level (see below)

**CASM Account Types:**

State/Urban Area Access: Ability to enter and edit communication equipment and infrastructure information for any agency in the State/Urban Area and display the information graphically on a map for interoperability analysis. Ability to initiate new jurisdictions and agencies and edit any jurisdiction and agency profiles. Access is limited to only assign Urban Areas/States information.

Agency Access: Ability to enter and edit communication equipment and infrastructure information for the agency (s) to which the user is assigned. May view all State/Urban Area information and display the information graphically on a map for interoperability analysis. Access is limited to only assigned Urban Areas/States information.

CAM (Map) Access: Ability limited to display the assigned State/Urban Area communication information graphically on a map for interoperability analysis. Access is limited to assigned Urban Areas/States only.

The authority to designate users who have the authority to edit/add CASM information must be approved by the appropriate Agency Director.

I certify that the below individual is authorized to access the ICTAP CASM Tool.

Agency Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Approval Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_