



DOI-IA TRM WAIVER REQUEST FORM (Revised 3/14/08)

Requester's Information

Name: _____ Title: _____
 Organization/Office: _____ Phone #: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____

IT Product (e.g.; Software, Hardware) Information

Name of Product:

For Enterprise Use: Yes No Est. Number of Users: _____ Cost: _____

(Note: "Enterprise Use" means the product is connected to the TrustNet and other parties outside location can access or use)

Is there any equivalent product listed in the TRM? *(If Yes, please provide the product name and the reason why you can not use it to replace your requested product):*

Short description of product *(e.g.; manufacturer, version, functions?):*

Business justification for the use of this product *(e.g. Why you need to use this product?)*

To the best of my knowledge, the product above will enhance the Program's ability to perform our function. I understand that by signing this form it does not automatically authorize use or procurement of this requested product.

(Instructions: Type your name below for your electronic signature, save the form in Microsoft Word, and send it via email to your manager for approval. Please do not scan this form and sign it manually. Manual signature or scanned form is not acceptable)

Requestor's Name /sgd/: _____ Date: _____

Approvals: *(Type your name below for your signature, save the form in Microsoft Word, and send it via email to the next person if you approve; otherwise return it to the requester with a note why the request is rejected. Please do not scan this form and sign it manually. Manual signature or scanned form is not acceptable)*

Requestor's Supervisor /sgd/: _____ Approved: Y N Date: _____

IT Field Support Manager /sgd/: _____ Approved: Y N Date: _____

IA Chief Technology Officer /sgd/: _____ Approved: Y N Date: _____

 DOI Chief Technology Officer Council Reviewed & Approved: Y N Date: _____