DPAS
Defense Property Accountability System

Inventory Control Point

Role Request Form

User Info:

User's Last Name:		First Name:		Middle Initial:		Suffix:	

*User's EDIPI: | | * Only REQUIRED if [Signature of DPAS User] is not present.

Enter the Program and Select the Environment Requested.

Program	Environment	Form Type

Main Access Level:* Access Level will determine where the roles are assigned.

Required*

UPDATE & INQUIRY Level of Access	Division	ICP
	All	All

I want to...	Role Selections	I want to...	Role Selections

Second Access Level:

Use for separate access levels, or if needed, more role selections

UPDATE & INQUIRY Level of Access	Division	ICP
	All	All

I want to...	Role Selections	I want to...	Role Selections

Additional Info:

Additional Information:	

Signatures:

*User signature only required if EDIPI not listed above

Signature of DPAS User:		Date:	
Signature of Information Owner:		Date:	

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DPAS Inventory Control Point Roles Request Form Instructions

All user access forms are located on the DPAS Support website at http://dpassupport.golearnportal.org/.
Once on the page go to Support > Request Access > and then select Inventory Control Point.

To view all available Roles and associated training, click the View DPAS Roles Spreadsheet.

Field	Requirement	Instructions
User Name	Required	• Enter in necessary fields.
User's EDIPI	Optional	• Enter the User's EDIPI if the User's signature is not present.
Program	Required	• Only one Program is permitted per form.
Environment	Required	• One Environment must be selected from the drop-down menu.
Form Type	Required	• Select the purpose of the form, to update or create a user's account.
Update & Inquiry Level of Access	Required	• **Level of Access will determine where the roles are assigned.**
Division	Required	• Enter the Division the user will need access to. • If Level of Access is Program, then check the ALL checkbox for Division in the Main Access Level. • If Level of Access is Division, then enter a valid Program/Division combination. • If multiple Divisions are requested, use the remaining Access Level Sections.
ICP	Required	• Enter the ICP the user will need access to. • If Level of Access is Division or above, then check the ALL checkbox for ICP. • If Level of Access is ICP, then enter a valid Division / ICP combination in the corresponding fields. • If multiple ICPs are requested, use the remaining Access Level Sections.
Role Selections	Required	• Select the desired roles from the drop-down menu and indicate Add or Delete. • If more roles are required than boxes provided, use the remaining Access Level Sections.
Additional Information	As needed	• Include any Additional Information that can assist with the Update process.
Signature of DPAS User & Date	Required	• Required if User's EDIPI is not present above. • Include the digital signature with EDIPI # of the User who is requesting access to the DPAS System. • Enter the date the form is digitally signed.
Signature of Information Owner & Date	Required	• Include the digital signature of the appointee responsible for approving access to the DPAS system. (i.e. Information Owner or Alternate Information Owner) • Enter the date the form is digitally signed