

SECURE FILE TRANSFER PROTOCOL (SFTP) FILE TRANSMISSION REQUEST

To be completed by requesting official

SECTION 1. CONTACT INFORMATION

1. DEPARTMENT/AGENCY	2a. AGENCY CONTROL/TRACKING NUMBER	2b. NFC CONTROL (SCR) NUMBER	3. DATE OF REQUEST
AUTHORIZED REQUESTING OFFICIAL		NETWORK POC	
4. NAME/TITLE		7. NAME/TITLE	
5. EMAIL ADDRESS	6. PHONE NUMBER	8. EMAIL ADDRESS	9. PHONE NUMBER
AGENCY SECURITY OFFICER (ASO)		INTERCONNECTION SECURITY AGREEMENT (ISA) POC	
10. NAME/TITLE		DOES AN ISA EXIST? <input type="checkbox"/> YES <input type="checkbox"/> NO	
13. NAME/TITLE		13. NAME/TITLE	
11. EMAIL ADDRESS	12. PHONE NUMBER	14. EMAIL ADDRESS	15. PHONE NUMBER
TEST POC		CONNECTION	
16. NAME/TITLE		19. Do you have an Existing SFTP connection? YES NO	
17. EMAIL ADDRESS		20. Does current/proposed SFTP connection occur via site-to-site VPN or server-to-server (over Internet)? VPN OVER THE INTERNET	
18. PHONE NUMBER		21. What is the current transfer method for files listed on this form? FTP CONNECT:DIRECT OTHER You will be contacted after receipt of this form to validate IP addresses	

SECTION 2. TRANSMISSION INFORMATION

Please note that your Agency's ISA will require updates if this form is completed.

22. TRANSMISSION METHOD (select one) Note: A new form must be submitted for each file being transmitted, if any attributes differ from other files being transmitted. PGP Encryption is required.		23. FREQUENCY OF TRANSMISSION (e.g., Once per day, Once per week, Bi-Weekly, Monthly, etc., Other)	
NFC CREATED FILE	CLIENT CREATED FILE	NOTE: Files will be deleted from NFC external servers in 24 hours.	
<input type="checkbox"/> NFC PUSH TO CLIENT	<input type="checkbox"/> NFC PULL FROM CLIENT	24. TIME OF TRANSMISSION	25. TIME ZONE
<input type="checkbox"/> CLIENT PULL FROM NFC	<input type="checkbox"/> CLIENT PUSH TO NFC	AM PM	

SECTION 3. JOB STATUS NOTIFICATION

26. TRANSMISSION RESULT SUCCESSFUL TRANSMISSION FAILED TRANSMISSION BOTH	27. GROUP EMAIL/MAILBOX ADDRESS
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28. SPECIAL INSTRUCTIONS

