

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			CONTACT PERSON		
4. NAME/TITLE		7. NAME/TITLE			
5. EMAIL ADDRESS		8. EMAIL ADDRESS			
6. PHONE NUMBER		9. PHONE NUMBER			
10. DOES AN INTERAGENCY SERVICE AGREEMENT (ISA) EXIST? <input type="checkbox"/> YES <input type="checkbox"/> NO					
SECTION 2. TRANSMISSION INFORMATION					
Please note that your agency's Memorandum of Understanding (MOU) and/or Interagency Service Agreement (ISA) will require updates if this form is completed.					
11. TRANSMISSION METHOD (select one) Note: A new form must be submitted for each file(s) being transmitted, if any attributes differ from other files being transmitted. PGP Encryption is required.			12. FREQUENCY OF TRANSMISSION (e.g., Once per day, Once per week, Bi-Weekly, Monthly, etc., Other)		
NFC CREATED FILE		VENDOR/AGENCY CREATED FILE			
<input type="checkbox"/> NFC PUSH TO AGENCY	<input type="checkbox"/> AGENCY PULL FROM NFC	<input type="checkbox"/> NFC PULL FROM VENDOR/AGENCY	<input type="checkbox"/> VENDOR/AGENCY PUSH TO NFC	13. TIME OF TRANSMISSION	14. TIME ZONE
				AM PM	15. IP ADDRESS
				16. PORT NUMBER	
SECTION 3. FILE INFORMATION					
PRODUCTION ENVIRONMENT					
SOURCE FILE			DESTINATION FILE		
FILE NAME	DIRECTORY (If applicable)		FILE NAME	DIRECTORY (If applicable)	
TEST ENVIRONMENT					
SOURCE FILE NAME			DESTINATION FILE NAME		
FILE NAME	DIRECTORY (If applicable)		FILE NAME	DIRECTORY (If applicable)	