

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 INTERCONNECTION SECURITY 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 Interconnection Security 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 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"/> NFC PULL FROM VENDOR/AGENCY	13. TIME OF TRANSMISSION	14. TIME ZONE
<input type="checkbox"/> AGENCY PULL FROM NFC	<input type="checkbox"/> VENDOR/AGENCY PUSH TO NFC	AM PM	
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)
REMARKS			