

**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 | | | | 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 NFC MAINFRAME TO CUSTOMER SERVER MAINFRAME TO MAINFRAME SERVER TO SERVER | | | |
| 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 Note: If not VPN, must use mid-tier process | | | |
| 18. PHONE NUMBER | | | | 21. What is the current transfer method for files listed on this form? FTP CONNECT:DIRECT OTHER | | | |

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.

| | | | | | |
|---|-------------------|----------------------|--------------------------|---------------|--|
| NFC CREATED FILE | | | CLIENT CREATED FILE | | 23. FREQUENCY OF TRANSMISSION (e.g., Once per day, Once per week, Bi-Weekly, Monthly, etc., Other) |
| CLIENT PULL FROM NFC | | | NFC PULL FROM CLIENT | | |
| NFC PUSH TO CLIENT | SERVER NAME | FOLDER TO STORE FILE | CLIENT PUSH TO NFC | | NOTE: Files will be deleted from NFC external servers in 24 hours. |
| If the NFC PUSH TO CLIENT check box is selected, please provide the Server Name, Public IP Address, Folder to Store File, and Account name. | PUBLIC IP ADDRESS | ACCOUNT NAME | 24. TIME OF TRANSMISSION | 25. TIME ZONE | |
| | | | AM | PM | |

SECTION 3. JOB STATUS NOTIFICATION

| | | | | | |
|-------------------------|---------------------|------|---------------------------------|--|--|
| 26. TRANSMISSION RESULT | | | 27. GROUP EMAIL/MAILBOX ADDRESS | | |
| SUCCESSFUL TRANSMISSION | FAILED TRANSMISSION | BOTH | | | |

28. SPECIAL INSTRUCTIONS

