Michigan Department
of Transportation
2744 (03/2022)

APPLICATION ACCESS REQUEST

1. USER

STATE EMPLOYEE	CONTRACTOR

LAST NAME	FIRST NAME

WORK ADDRESS

USER PHONE/E-MAIL	IT APPLICATION OR SYSTEM NAME

NOTE: If user is requesting to be a system admin in SAM, check the box and list the system the user will be administering access to:

NEW USER *(Complete section 2)*	EXISTING USER *(Complete section 3)*

2. NEW USER	
ACCESS	**LIST BUSINESS JUSTIFICATION/NEED FOR ACCESS**
READ ONLY	
READ/WRITE	
ADMINISTRATOR	
OTHER	

3. EXISTING USER	
ACCESS CHANGE	**USER'S APPLICATION ID** **LIST BUSINESS JUSTIFICATION/NEED FOR ACCESS (FOR ADDING RIGHTS)**
REMOVE ACCOUNT	
SUSPEND ACCOUNT	
REACTIVATE ACCOUNT	
WORKSITE CHANGE	
ADD RIGHTS	

ADDITIONAL NOTES

APPROVALS		
SUPERVISOR/MANAGER NAME	SIGNATURE	DATE
INFORMATION SYSTEM OWNER/BUSINESS OWNER NAME (Required only for SAM Administrator Access request)	SIGNATURE	DATE
AUTHORIZED REQUESTER/SYSTEM ADMINISTRATOR NAME	SIGNATURE	DATE