



Illinois Department on Aging

NETWORK AGENCY SECURITY ADMINISTRATOR (NASA) ACTION REQUEST

The Authorized Representative is the person at your organization who has signature authority to sign IDoA contracts. For Providers, the Authorized Representatives are listed on your IDoA Legal Entity application. The Authorized Representative approves the NASA Administrator with this form. The role of the NASA Administrator is to grant rights to Users of IDoA web applications. This form is to be completed and signed by both the Authorized Representative and the NASA Administrator. List each contract number for which this NASA Administrator is authorized.

Action Requested: Add New NASA Delete Current NASA Change NASA Information

Agency Information			
Legal Name of Agency Contracting with IDoA:			
DBA if applicable:		FEIN #:	
Name of Agency Authorized Representative:			
Address:		City:	
		State:	Zip:
Network Agency Security Administrator (NASA) Information			
Last Name:		First Name:	
Email Address:		Phone #:	

List each contract number for which this NASA Administrator is authorized.

Contract Number	Contract Number

I, the undersigned, am hereby advised and understand that State law strictly forbids my use of State of Illinois resources for any purpose other than Official State business. Any unauthorized usage of State resources will be cause for severe disciplinary action. Further, I understand that Illinois statute and Certificate Authority policy prohibits disclosure or discussion of any State customer information or other confidential information with anyone outside the proper authorization level. Further, I am hereby advised and understand the requirements for nondisclosure of any confidential password information acquired by me whether such information pertains to my individual password or the password(s) of others. I will exercise diligence in the safekeeping of password information and will report unauthorized disclosure promptly to the State Certificate Authority.

Agency Authorized Representative Signature

Date

Network Agency Security Administrator (NASA) Signature

Date

IDoA Approval

Date

Please email completed form to aging.nasaform@illinois.gov



State of Illinois
Illinois Department on Aging

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Action Requested: ☐ Add New NASA ☐ Delete Current NASA ☐ Change NASA Information

Agency Information

Legal Name of Agency Contracting with IDoA:	
DBA if applicable:	FEIN #:
Name of Agency Authorized Representative:	
Address:	City:
	State: Zip:

Network Agency Security Administrator (NASA) Information

Last Name:	First Name:
Email Address:	Phone #:

List each contract number for which this NASA Administrator is authorized.

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Agency Authorized Representative Signature

Date

Network Agency Security Administrator (NASA) Signature

Date

IDoA Approval

Date

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IL-402-1378 (5/15/24)

This is the person who signs
your contracts

This is the person who will grant
rights to others in eCCPIS/UMP

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