

Please fill out online of print neatly! This authorization supersedes previous applications.

U.S. DEPARTMENT OF HOMELAND SECURITY U. S. Coast Guard CG-7421C (Rev. 02-10)		<h1>JUMPS USER ACCESS AUTHORIZATION</h1>	
1. User's Name (Last, First MI.) (Please print or type)		2. Rank/Rate:	3. Employee ID #
4. Dept ID & Unit Name (Include Staff Symbol)	5. Area Code & Phone Number:	6. e-Mail Address:	
7. Access Description (Include current options, if any. This authorization supersedes all of your previous authorization):		Revocation: JUMPS access is terminated upon PCS, separation, retirement, reassignment of duties (Fleet-Ups) and change of organization (inter-office transfer). The termination process is kicked off by submission of a PCS departing endorsement. If the member submits a new access form, and it is processed by PPC before the SPO submits the PCS departing endorsement, the system will terminate the new access. Please be sure to submit transactions in a timely manner. If Revocation is due to reasons other than those listed above contact PPC Customer Care via on-line trouble-ticket at http://www.uscg.mil/ppc/ccb or http://cgweb.ppc.uscg.mil/ccb/ or via email at PPC-DG-CustomerCare@uscg.mil	
<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;"><u>USERS INTERNAL to PPC</u></p> <input type="checkbox"/> PSC <input type="checkbox"/> MAIN <input type="checkbox"/> CS9MAIN <input type="checkbox"/> FACCMAN <input type="checkbox"/> PS1MAIN <input type="checkbox"/> PS3MAIN <input type="checkbox"/> RPD1MAIN <input type="checkbox"/> RPD3MAIN <input type="checkbox"/> RPD4MAIN <input type="checkbox"/> SET1MAIN <input type="checkbox"/> SET2MAIN <input type="checkbox"/> SET3MAIN <input type="checkbox"/> SETTLE <input type="checkbox"/> TRAVEL <input type="checkbox"/> OTHER (List Branch & Team): _____ _____ _____ _____ _____ _____ _____ </div>		<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;"><u>USERS EXTERNAL to PPC</u></p> <input type="checkbox"/> G1 </div>	
8. Authorizing Official (<i>Signature & Typed or printed name, Rank, Title (CO/OIC, XO/XPO or HQ/DCMS/CGPSC/FORCECOM/OPCOM/DIST Branch Chief) & Phone Number</i>): I certify that the access I have authorized is based on an official need. I'm aware of the general functionality I have authorized and I'm aware of what this will allow this member to complete. If this is for a contractor, the Contracting Officer's Technical Representative (COTR) signs as AO.			9. Date
Signature, PRINTED or TYPED Name, Rank, Title, Phone			
Acknowledgment: I understand that I am authorized to access the JUMPS system and that accessing it for purposes beyond the Scope of Authorization is a violation of Federal law (18 U.S.C. 1030 et al).			
10. User's Signature			11. Date
			Fax to: (785) 339-2297