# PROCEDURE: Safe designee request ISSUE DATE: JULY 2019

**OWNER:** Office of Information Security, California Department of Technology

**DISTRIBUTION**: ISO and/or CIO Community

**INSTRUCTIONS:** Secure Automated File Exchange (SAFE) Designee Request

* The state entities designated ISO or CIO [as identified on the Designation Letter (SIMM 5330-A)] must complete the following “SAFE DESIGNEE REQUEST FORM” in its entirety and return directly to the Office of Information Security (OIS) at [security@state.ca.gov](mailto:security@state.ca.gov)
* At a minimum, an account must be assigned to the designated ISO, however each entity may choose to request alternate designees to submit documents through SAFE on behalf of the ISO
* If a designee is assigned to multiple entities, be sure to list all entities the designee may submit on behalf of on the request
* Once the request is completed and sent to OIS, each designee will receive instructions, their individual user ID, and temporary password directly in two separate e-mails
* It is important that the SAFE designee list remains current, please notify OIS of any SAFE designee changes
* If you are in need of your password being reset, contact our office via email to [security@state.ca.gov](mailto:security@state.ca.gov) and our SAFE administrator will provide you with a temporary password
* Please feel free to contact our office at (916) 445-5239 if you have questions or need further assistance

**SAFE DESIGNEE REQUEST FORM**

Date:

Requestor Name:       Requestor Role (CIO or ISO):

Department Name:       Organization Code:

**Request Type (Add or Delete):**

First Name:       Last Name:

Email Address:

Role (AIO, AISO, CIO, ISO, or Alternate Designee):

Two-Factor Authentication Telephone Number:

Other state entities designee may submit on behalf of:

**Request Type (Add or Delete):**

First Name:       Last Name:

Email Address:

Role (AIO, AISO, CIO, ISO, or Alternate Designee):

Two-Factor Authentication Telephone Number:

Other state entities designee may submit on behalf of:

**Request Type (Add or Delete):**

First Name:       Last Name:

Email Address:

Role (AIO, AISO, CIO, ISO, or Alternate Designee):

Two-Factor Authentication Telephone Number:

Other state entities designee may submit on behalf of:

**MAKE ADDITIONAL COPIES OF THIS FORM AS NEEDED**