

ALW Storage Group Registration

Return this form to:

Project Control Office, DCRT
Bldg. 12A, Room 1017
National Institutes of Health
Bethesda, MD 20892

DCRT Account No.

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In order to register for an ALW storage group, you must be registered to a DCRT Account for billing purposes. If you are currently registered: 1) Please indicate the account number above, 2) complete the storage group information section below, and 3) have the sponsor of that account sign below authorizing this request. If you are not currently registered to a DCRT account, please complete form NIH 1767-1 and then proceed with the completion of this registration form. For more information on completing these forms, please call the Project Control Office on 301-496-6146.

User Information (Contact Person):

Name (Please print): _____ Institute: _____

NIH Address: _____ Telephone: _____

ALW Username: _____

Group Information:

* Preferred Storage Group Name: _____

** Second choice: _____ Third choice: _____

* The name is used as part of the volume name for the storage you will be allocated. It may have up to 10 uppercase alphabetic characters.

** Please specify second and third choices in case first choice is unavailable.

Authorization:

DCRT Account Sponsor's Name (Please print): _____



DCRT Account Sponsor's Signature DATE

DO NOT WRITE BELOW THIS LINE

ALW Storage Group Notification

ALW Storage Group Name: _____

You may now use this name to request ALW volumes by submitting a PTR. Requests must be made by the contact person specified above. Please include the requested allocation (in MBs). The format of volume names is g.AAA.xxx, where AAA is the name assigned here and xxx signifies other name fields which you may use to further qualify the name. For example, if your storage group is named ABC, you might request volumes g.ABC.images.01, g.ABC.images.02, etc.