

**Secure FTP User Access Request for username and password on SFTP server ww7.doh.state.fl.us.**

We are requesting that this user be given access to an account on ww7.doh.state.fl.us to exchange data files securely with the Florida Department of Health. Data in this location will be held until pickup and no longer.

**Do not archive files or create folders in this account. Abandoned files will be deleted after 30 days.**

The data files being transported will contain public health information that is to be secured at all times via encrypted transport, restricted access storage, and or encryption.

DOH Sponsor Florida SHOTS [www.flshots.com](http://www.flshots.com)  
Immunization Section  
4052 Blad Cypress Way, Bin A-11.  
Tallahassee, FL 32399-1719  
PHONE: 1-877-888-SHOT FAX: 850-412-5818

*Two contacts required.*

*Requesting Company/Facility (Outside Entity Needing an SFTP account)*

**Please print**

Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Company Phone: \_\_\_\_\_ Web Site \_\_\_\_\_ (optional)

*Contact 1- The Data Owner or an Administrative Contact*

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Extension \_\_\_\_\_  
Email: \_\_\_\_\_

**Contact 1 Signature** \_\_\_\_\_  
Date

*Contact 2 - A Technical Contact or the person who manages the files.*

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Extension \_\_\_\_\_  
Email: \_\_\_\_\_

**Contact 2 Signature** \_\_\_\_\_  
Date

*Department of Health Technical Contact*  
Integration Team Help Desk 850.922.7599  
DL Cloverleaf Support [doh\\_cloverleaf@flhealth.gov](mailto:doh_cloverleaf@flhealth.gov)

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For Internal use.

\_\_\_\_\_  
DOH Security Date DOH Data Integration Date

*Revision Date 8/26/14*