



STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES & PUBLIC PROTECTION
DIVISION OF EMERGENCY MANAGEMENT & HOMELAND SECURITY



WEBEOC USER ACCOUNT AND POSITION ACCESS FORM

Form Instructions:

- **Complete the form fields as provided to add a User Account, edit a User Account or modify access to a Position.**
 - Submit ONE form per User account. All entries must be typed/printed.
 - Use an additional form, as necessary, to add/update more User accounts.
 - Refer to the State of Connecticut WebEOC Users' Guide online for WebEOC for additional information on WebEOC - <https://portal.ct.gov/DEMHS/Emergency-Management/Resources-For-Officials/WebEOC>.
- **Submit the form via the button provided or email the form directly to demhs.webecoc@ct.gov.** Only the authorized representative (e.g. CEO, EMD, PSAP manager, agency head, etc.) below should submit the form.
- **A DEMHS WebEOC Administrator will review the form and, as necessary, additional information may be requested for the vetting process.**
- **DO NOT USE THIS FORM for healthcare related Users/Positions.** Instead, navigate to: <https://portal.ct.gov/DPH/Public-Health-Preparedness/Main-Page/WebEOC>.

Submit
Form
Here
via
EMAIL

(Click Button)

Form Submitted by (Authorized Representative):

Name (Print)	Title (Print)	Organization (Print)	Date (MM/DD/YY)
Account Change <i>Check all that apply.</i>		User Account Profile <i>Please complete this section. For cases that ONLY need a Position Access Change, the First Name, Last Name, Email Address and Department must be provided, at minimum, to adequately identify the individual.</i>	
<input type="checkbox"/> Add New User Account		First Name Last Name Mobile Tele No. Office Tele No. Email Address Organization Department General Location Where Individual will Monitor WebEOC (e.g. Local EOC, SEOC, Dispatch Center)	
<input type="checkbox"/> Update Existing User Account			
<input type="checkbox"/> Remove Existing User Account			
<input type="checkbox"/> Position Access Change			
Position Access Change <i>Check all that apply.</i>			
<input type="checkbox"/> ADD Access to Position Name(s)			
<input type="checkbox"/> REMOVE Access to Position Name(s) (Reason MUST be Indicated Below)			
<i>Individual No Longer in Service/Employed Individual No Longer is a Volunteer Individual will be on Extended Leave Other (reason required):</i>			
Effective Date of Above Listed Changes			

Form Version 1.0 July 2019

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