

**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. This location will not be used for data archival purposes. **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.

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

**Please print**

Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Company Phone: \_\_\_\_\_ Web Site \_\_\_\_\_  
*Contact 1- Often an Administrative Contact (optional)*

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

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

*Contact 2 - Often a Technical Contact* \_\_\_\_\_ **Date** \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Extension \_\_\_\_\_  
Email: \_\_\_\_\_

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

*Department of Health Technical Contact*  
Integration Team Help Desk 850.922.7599  
Integration Team On-Call 850.245.4989  
DL Cloverleaf Support DLCloverleafSupport@flhealth.gov

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For Internal use.

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