

**NACCRRRA SUITE OF DATA SERVICES  
STATE TECHNICAL SUPPORT CONTACT AUTHORIZATION**

Agreement Date \_\_\_\_\_

I, \_\_\_\_\_, representative of \_\_\_\_\_,  
(Name) (Agency Name)

agree that any and all technical support for NACCRRRA Data Services Suite for our

CCR&R agency, NACCRRRAware Agency ID \_\_\_\_\_, be provided by  
(Agency ID)

\_\_\_\_\_. All  
(Agency/State Network Name)

authorized users at our CCR&R agency have been notified of this agreement and

understand that all support originates with the above listed agency/state network.

Contacts with the NACCRRRA Data Services Help Desk will be referred to this

agency/state network.

Authorized Signature\_\_\_\_\_

Print Name\_\_\_\_\_

Title\_\_\_\_\_

Date\_\_\_\_\_

Please fax signed form to:

J Albright  
Chief of Information Technology  
NACCRRRA  
Fax (703) 341-4101  
Phone (703) 341-4134  
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