

WMS REQUEST FORM

THIS FORM IS INTENDED FOR USE BY GOVERNMENT PERSONNEL FOR THE EXPRESS PURPOSE OF REQUESTING COPIES OF SOFTWARE (PORTIONS OF WHICH ARE PROPRIETARY) DEVELOPED THROUGH A JOINT EFFORT OF A CONSORTIUM OF U.S. GOVERNMENT AND UNIVERSITY PARTICIPANTS. THE FEDERAL CONSORTIUM AGENCIES ARE:

US DEPARTMENT OF THE ARMY

US ENVIRONMENTAL PROTECTION AGENCY

ONLY MEMBERS OF THE FEDERAL CONSORTIUM MAY USE THIS FORM TO REQUEST THE SOFTWARE. ON-SITE CONTRACTORS TO THESE FEDERAL AGENCIES ARE PERMITTED TO USE THE SOFTWARE ONLY FOR PROJECTS DIRECTLY FUNDED BY A CONSORTIUM MEMBER. REQUESTS FOR SOFTWARE BY CONTRACTORS MUST BE MADE BY A REPRESENTATIVE FROM THE FEDERAL CONSORTIUM. THE TERM "ON-SITE CONTRACTOR" MEANS THAT THE CONTRACTOR MUST BE PHYSICALLY LOCATED AT A SITE OWNED BY A CONSORTIUM MEMBER AND ENGAGED SOLELY IN U.S. GOVERNMENT BUSINESS.

I formally request a copy of the Watershed Modeling System (WMS) for the purpose of conducting watershed modeling and analysis for the United States Government. The following information is provided for WMS authorization and authentication.

U.S. Government Requestor:	Title:
Organization:	
Mailing Address:	
Phone Number:	Fax Number:
E-Mail Address:	
Computer Configuration (cpu type, RAM, OS):	

Authorized On-Site Contractor:	Title:
POC:	
Mailing Address:	
Phone Number:	Fax Number:
E-Mail Address:	
Computer Configuration (cpu type, RAM, OS):	
Projected Length for WMS use:	
Project Description (include how WMS will be used):	

I understand that the copy of WMS requested will only be used by either U.S. Government Personnel who are employees of one of the Federal consortium members or by a consortium member's on-site contractor located at a government owned site. I also understand that WMS may not be used on any non-consortium funded projects by on-site contractors and that it is the *exclusive* responsibility of the Waterways Experiment Station to distribute gratis copies of WMS. Neither I nor anyone in my organization will distribute any copies of WMS outside of my immediate organization.

US Gov't Requestor's Signature: _____ Date: _____

WMS Security String (if known): _____

Fax (601.634.4208) or mail completed forms to: Barbara Parsons, CEERD-HC-HW, Coastal & Hydraulics Laboratory, Waterways Experiment Station, 3909 Halls Ferry Road, Vicksburg, MS 39180-6199