



OFFICE OF THE COMPTROLLER

MMARS INTERFACE REQUEST FORM

INSTRUCTIONS

Mail the completed form to One Ashburton Place, 9th Floor, Boston, MA 02108 or email it to CTR-DL-OperationsUnit@mass.gov. If sending by email, ensure that it is encrypted and that no personally identifiable information is contained.

Department Contact Information					
Department					
Business Contact Name			Technical Contact Name		
Address			Address		
City	State	Zip	City	State	Zip
Phone	Email		Phone	Email	
Approver Contact Name			Department Security Officer Contact Name		
Address			Address		
City	State	Zip	City	State	Zip
Phone	Email		Phone	Email	

Technical Information	
MMARS Transaction Code	Request Type New Recertification
MMARS Unit Code	Estimated Interface Start Date
Estimated Annual Volume	Source Application
Frequency Daily Weekly Quarterly Monthly Biannually or Annually	Location of Application Inside MAGNet Outside MAGNet If outside MAGNet FEDRAMP SOC 2 Other (Specify): _____
Return File? Yes No	Is MOVEit or other file transfer set up? Yes No



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Business Justification		
Description of Technical Resources		
Description of Technical Application Environment		
<p>Declaration of Department's long term commitment</p> <p>Please check both</p> <p>The Department agrees to pay costs associated with development and long term maintenance of this requested interface, and</p> <p>Preserve a comprehensive working knowledge of the state's financial application, interface system, policies, and procedures</p>		
Name	Title	Phone