



FMCSA IT Security Question and Answer Form

<http://fmcsa-ts.dot.gov> Fax: (617) 494-3057

Purpose of this form: Your **Security Question** will be asked by Tech Support to verify your identity over the phone. You will be required to provide the matching **Security Answer** to unlock your account or to change your password.

• User Information

Org Name

First

Middle

Last

Email

Job Title

Phone

Ext

• Security Identification Question (select one):

What is my maternal grandmother's name?

What kind of pet do I have and what is its name?

What was the name of my first school?

What was my high school mascot?

What was the make of my first car?

What city was I born in?

What is my mother's maiden name?

• Security Identification Answer (type in or write down in the box below):

User's Signature

(OC signature is NOT required for this form)

Date

This form can be submitted to:

Fax: (617) 494-3057

Email: FMCTechSup@volpe.dot.gov (must be sent from your e-mail account - no signature required)

Address: Attn: Accounts Management
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