

PGA User Application Form for ACE Portal Access

Partner Government Agency (Department/Agency/Bureau):	Application Type <i>(Check (x) one)</i>		
	Create New User (must be accompanied by other required application documents)		Update User Information
			User Roles: <div style="display: flex; justify-content: space-around; width: 100%;"> Add Change Remove Restore </div>
			Annual Recertification of User: <div style="display: flex; justify-content: space-around; width: 100%;"> Yes No </div> <small style="color: red; font-size: 0.8em;">Note: If requesting an account Restore, only complete Applicant's Name, ACE User ID, and Authorization block.</small>
Name Changes (<i>i.e. due to marital status</i>), Removal/Deactivation Reason or Other Details:			
Applicant Information			
Applicant's Name (print legibly : Last name, First name, Middle Initial)		ACE User ID (if existing user):	
Office/Program/Organization:	Employee type: Contractor Government	Work Telephone:	
Address:		Work e-mail:	
City:		State:	Zip:
Applicant Signature:		Date:	
PGA User Roles			
Check appropriate box next to the roles that will need to be provisioned to this user. Please note that this form will be updated as new roles become available in ACE.			
Add	Remove	Recertify	Non-Agency Specific Roles
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PGA Portal User
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Data Reviewer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advanced Data Reviewer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PGA Referral Creator
Agency Specific Roles			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Census Commodity Analyst/AES/Quota
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FTZ UI User
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FTZ_READ ONLY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FTZ Board Administrator
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	USCG Ship Hold Analyst PORT CODE -
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifest Analyst
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PGA AD/CVD Administrator
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PGA AD/CVD Analyst
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PGA AD/CVD Case Manager
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PGA AD/CVD Message Manager
Authorization/Recertification			
Supervisor – Print Legibly Name and Title			
Work Telephone:		Work e-mail:	
Signature:		Date:	

Email completed form to PGAACEACCESS@cbp.dhs.gov
 OR ACE.SUPPORT@cbp.dhs.gov, if outside of regular business hours.

Form Last Updated 3/11/2021