Secure Information Exchange Hub (SIEH)
Web Service Request

Complete form, print, route for signatures, scan and email completed and signed form to DTI_SIEH_Tech@state.de.us.

Web Service Contact Information - Requester

Name (Last, First, MI):   **Producer Type:**

Phone Number: **E-Mail Address:**

Agency Name: **DDS or EIN:**

Signature: **Date:**

Web Service Contact Information – Requester's Information Security Officer

Name (Last, First, MI):

Phone Number: **E-Mail Address:**

Signature: **Date:**

Web Service Provider Information

Is this request for: Test   Production

Change Type: Add   Delete   Modify Service   Modify Consumer IP

Access Limitations: Date (Temp):   End Date:

Service Type: SOAP   REST   WSDL Location: See Attached   URL Provided

WSDL or REST URL:

Description:

Rules to apply:

Provider Application IP Address:

Secure Information Exchange Hub (SIEH)
Web Service Request

Consumer Application IP Address:

Consumer Application Name:

Max Message Size:	**# of Messages:**	**Publicly Available:**
Required Availability:	**Schedule Time:**	**Schedule Frequency:**
WSDL WSI Compliant:	**WSDL Document Literal:**	
Data Classification:	**Provider SSL:**	**Consumer SSL:**

Web Service Consumer Contact Information

Name (Last, First, MI):	**Consumer Type:**
Phone Number:	**E-Mail Address:**
Agency Name:	**DDS or EIN:**
Signature:	**Date:**

Web Service Consumer Information Security Officer's Contact Information

Name (Last, First, MI):	
Phone Number:	**E-Mail Address:**
Signature:	**Date:**

So that we may provide you the best service possible, all previous versions of this form are obsolete and will not be accepted.

For assistance or questions completing this form contact DTI_SIEH_Tech@state.de.us.