**Medical PED Registration Form**

**Requestor**

Requestor

*Last Name, First Name*

Compelling business need

*Provide a compelling need for using this device around classified information*

**Device**

Prescribed

Yes

Provider

*Select the provider*

Type

*Enter the type of device*

Make

*Enter the make*

Model

*Enter the model*

**Locations**

Security areas where the device will be used

Limited Area

Sites where the device will be used

Sandia National Laboratories

**Operation**

Dates

May 21, 2024 *to* May 23, 2024

Prohibited technology

*List the prohibited technology of the device*