**DEQ Mobile Device**

**Deactivation or User Change Only Request**



START by CLICKING on Choose an item on line number 1 below and USE TAB KEY to move to next field/s.  
By not completing this request in full your deactivation could be delayed. Revised 7/28/2021

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2. Device Mobile #: Click or tap here to enter text.

3. Provider: Choose an item.

4. Departing Employee/User Name: Click or tap here to enter text.

5. Change User Name to: Click or tap here to enter text.  
  
  
6. Division: Choose an item.   
   
  
7. Section: Click or tap here to enter text.

8. Supervisor’s Email:Click or tap here to enter[**@ncdenr.gov**](mailto:text.@ncdenr.gov)9**.** Supervisor’s Phone:Click or tap here to enter text.

Supervisor’s Signature: Date:

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| **FOR FSD USE** |  | **Order Number at time order was placed:** |
| **Date order placed:** |  | **Plan:** |