

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SOLICITUD DE USUARIO VPN**  **Estimado Cliente:** para poder brindarle el servicio que solicita, favor suministrar todos los datos que a continuación se detallan:  **Nota: debe adjuntar correo con el visto bueno del Director de la UEN o División.**   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Nombre del Director que autoriza el servicio:** | | | | Joaquín Rodríguez Brenes | | | | | | | | | |  | | | | | | | | | | | | | | **Tipo de perfil:** | **Funcionario ICE:** | | |  | **Ocasional-Practicante:** |  | | **Empresa externa:** | |  | | **Si el perfil es para una funcionario ICE, debe completar la siguiente información:** | | | | | | | | | | | | | | **Nombre de Cliente:** | | |  | | | | | **Cédula:** | |  | | | | **UEN o División:** | | |  | | | | | **Teléfono:** | |  | | |   **Si el perfil NO es para una funcionario ICE, debe completar la siguiente información:**   |  |  |  |  | | --- | --- | --- | --- | | **Nombre del responsable ICE:** | **Esteban Serrano Morales** | | | | **Cédula:** | **109720102** | **Teléfono:** | **2000-5567** | | **Nombre del usuario a solicitar:** | ARKKOSOFT02 | **Cédula:** | 108620370 |  |  |  |  | | --- | --- | --- | |  | | | | **Nombre de la empresa:** | Sysco Consultores | | **Fecha de expiración:** | 31/12/2024 | | **Direcciones IP de aplicaciones a las que requiere tener acceso:** | | | | <https://git.ice.go.cr> (10.3.2.111 Puertos: 80, 443)  [https://cert.ice.go.cr/\*](https://cert.ice.go.cr/*) (10.129.20.199 Puertos: 80, 8080, 9080, 9043)  <https://prod.ice.go.cr> (10.129.22.21) Puertos: 80, 8080, 9080  Ejecución de aplicaciones Citrix | | | | ***El usuario ya tiene IPs asociadas, mantenerlas, agregar la solicitada.*** | | | |