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AD-2017 (05-14-08)	U.S. DEPARTMENT OF AGRICULTURE SERVICE CENTER INFORMATION MANAGEMENT SYSTEM (SCIMS) ACCESS FORM	1. Request Date (MM-DD-YYYY)
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PART A - INSTRUCTIONS: State SCIMS Security Officers shall be responsible for requesting from FSA Security Operation access to SCIMS for their responsible employees. Please complete a separate form for each employee.

2. Employee Name (Last, First, MI)		3. Employee's eAuthentication User ID			
4. State Name		5. County Name			
6. Office Information Profile (OIP) Code		7. Type of Employee (Check one below): <input type="checkbox"/> Permanent Federal <input type="checkbox"/> Permanent County Office <input type="checkbox"/> Temporary Federal <input type="checkbox"/> Temporary County Office <input type="checkbox"/> Other (Specify): _____		8. Agency (Check one below): <input type="checkbox"/> FSA <input type="checkbox"/> NRCS <input type="checkbox"/> RD <input type="checkbox"/> Other (Specify below): _____	
9. Type of Access Requested (Check one below): <input type="checkbox"/> Full Access (Employee complete Items 11A and 11B) <input type="checkbox"/> View Only Access <input type="checkbox"/> Prior Year Business Code (PYBC) Changes (WDC Approval Required). PYBC requests shall be FAXed to the Common Provisions Branch Chief at 202-720-0051. These requests shall not be FAXed to FSA Security Operations.)			10. Requested Action <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Modify		

PART B - CERTIFICATIONS

11. Certification by Employee
By signing this form, I certify that I have received training by a USDA Employee who has authority to grant me use of the SCIMS database. I understand that proper use of the database and the consequences of accessing and making changes to customer's core data. I certify that I will use the database only for conducting USDA Government business as a necessary part of my position with the United States Department of Agriculture.

11A. Employee's Signature	11B. Date (MM-DD-YYYY)
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12. Certification by SCIMS Security Officer
As State or County SCIMS Security Officer, I certify that the above employee has received sufficient training on the use of the SCIMS database. By signing this form, I have granted this USDA employee permission to access the SCIMS database to conduct official USDA business.

12A. SCIMS Security Officer's Signature	12B. Date (MM-DD-YYYY)
12C. State Security Liaison Representative's Concurrence	12D. Date (MM-DD-YYYY)

13. Remarks:

14A. Signature of Common Provisions Branch Chief. (Complete only if Item 9, PYBC is checked.)	14B. Common Provisions Branch Chief's Concurrence <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	14C. Date (MM-DD-YYYY)
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PART C - REVOCATION OF AUTHORITY

15. Revocation by SCIMS Security Officer
The authority for the above-named person was revoked on the day shown below:

15A. SCIMS Security Officer's Signature	15B. Date (MM-DD-YYYY)
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