REPs USER ACCESS REQUEST FORM

I. Request Type

New User   Change User   Delete User

Effective Date:

II. User Information

AOID: OR Regulatory Authority:

First Name: Last Name:

Email:

III.   User Roles (select all that apply)

Auditing Organization: AO Submitter   AO Client Manager   AO Read-Only

Regulatory Authority: RA Master List Manager   RA Approver
                              RA Read-Only   RA Ad-hoc Report

IV. Additional Comments

V. Approval

All requests must be approved and signed by the AO Official Contact Person or the RA REPs Account Manager

Name of Approver:

Signature: