

**Agent Official Designation and Authorization Form  
for the Electronic Applications System® (E-Apps)  
(Agent Firms)**

Date: \_\_\_\_\_ Agent Filing Organization Type: \_\_\_\_\_  
(i.e., law firm, consultant, etc.)

Agent Filing Organization Legal Name: \_\_\_\_\_

City, State/Province, Zip: \_\_\_\_\_ Country \_\_\_\_\_

To the Board of Governors of the Federal Reserve System:  
We designate the following individual as Agent Official (AO) for our Agent Filing Organization.

**Note:** Please provide the information specified below. All fields are mandatory except Middle Initial, New Last Name and Title.

	<b>Agent Official</b>
Add/Modify/Delete AO	<input type="checkbox"/> Add <input type="checkbox"/> Modify <input type="checkbox"/> Delete
Name (First, Middle Initial, Last)	
New Last Name (Previously authorized AO's last name has changed.)	
AO Signature (Not required for deletion requests.)	
Job Title	
Work Telephone Number (Organization's main switchboard number with area code.)	
Work Fax Number	
Work E-mail Address (Individual e-mail addresses only; no groups.)	
Work Street Address	
City/State or Province/Zip	

**AUTHORIZATION:** On behalf of our agent filing organization, I designate the above-named individual as AO. He or she is responsible for identification, authentication and notification processes between our Agent Filing Organization and the Federal Reserve Board related to the Electronic Applications (E-Apps) system. The authority of the AO includes designating Filing Employees to the Federal Reserve Board who are authorized to act on behalf of the Agent Filing Organization and should be issued credentials (certificates) to transact business using the E-Apps system. All filings submitted and other actions taken by Filing Employees when using E-Apps certificates will be legally binding on the Agent Filing Organization. The Agent Filing Organization, AO and Filing Employees will comply with all terms and conditions specified, where applicable, in the Certification Practice Statement (located at <http://www.federalreserve.gov/PKICertificates>), as well as all applicable security procedures. You may rely on and act upon instructions or other information related to E-Apps that you receive from (or reasonably believe that you have received from) the AO until you receive (and have had a reasonable time to act upon) a written amendment or revocation of this authorization. I represent and warrant that I have the authority to make this designation and these representations.

Signature of Organization Senior Executive: \_\_\_\_\_

Name: \_\_\_\_\_  
(Please Print – All information is required)

Job Title: \_\_\_\_\_ Date: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work E-mail Address: \_\_\_\_\_

**Please submit this original form via mail or courier to the  
Customer Contact Center at the address listed below.**

**Customer Contact Center  
P.O. Box 219416  
Kansas City, MO 64121-9416**

**E-Mail: [ccc.coordinators@kc.frb.org](mailto:ccc coordinators@kc.frb.org)**

**Phone: (888) 333-7010 or (612) 204-7010, Option 2  
Fax: 866-333-8076**

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**Federal Reserve Use Only**

Due Diligence Verification Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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