

**Filing Employee Designation and Credential
Request Form for the Electronic Applications System (E-Apps)[®]
(Agent Firms)**

We, the agent filing organization named below, request that you issue a credential to the Filing Employee identified below and grant him/her access to the E-Apps system.

NOTE: A separate form must be completed for each Filing Employee. Please provide the information specified below. Unless otherwise noted, all fields are mandatory.

Section 1 – General Information	
Date	
Request Type (Check all that apply)	<input type="checkbox"/> CREATE Credential (Complete Sections 1 and 2) <input type="checkbox"/> MODIFY Existing Credential (Complete Sections 1 and 2) <input type="checkbox"/> RENEW Credential (Complete Sections 1 and 2.) <input type="checkbox"/> REVOKE and REISSUE Credential (Current credential will be deleted, and a new credential will be issued; current access will be interrupted for a short time. Complete Sections 1, 2 and 3) <input type="checkbox"/> REVOKE and DELETE Credential (Complete Sections 1, 2 and 3.)

Section 2 – Filing Employee Profile <i>(All fields are mandatory with the exception of Filing Employee's New Name.)</i>	
Filing Employee's Name (First, Middle Initial, Last)	
Filing Employee's New Name (First, Middle Initial, Last; Previously authorized Filing Employee's name has changed.)	
Filing Employee's Work E-mail Address (Individual e-mail addresses only; no groups.)	
Filing Employee's Work Telephone Number (Organization's main switchboard number with area code.)	
Filing Employee's Work Fax Number	
Filing Employee Organization's Legal Name	
Work Street Address (Do not specify a P.O. Box number)	
City / State or Province / Zip	
Country	
Identification Number (for FRS use only)	103058360
Agent Official's (AO's) Name	
AO's Work E-mail Address (Individual e-mail addresses only; no groups.)	
AO's Work Telephone Number (Organization's main switchboard number with area code.)	

FRIT Use Only:

Application	Access Level	Action
E-Apps (Electronic Applications)	E-Apps User	<input checked="" type="checkbox"/> Add

Section 3 – For REISSUE or DELETE requests, indicate the reason below.

- ☐ Filing Employee has forgotten browser password.
- ☐ Filing Employee's credential has been compromised.
- ☐ Filing Employee's name has changed.
- ☐ Filing Employee's employment (including contract) has been terminated.
- ☐ Filing Employee no longer requires access to E-Apps.
- ☐ Other _____

AUTHORIZATION: On behalf of the Agent Filing Organization, I designate the individual named above as a Filing Employee and authorized user of the Board of Governors of the Federal Reserve Board's Electronic Applications system (E-Apps). The Agent Filing Organization is authorizing the Filing Employee to transact business with the Federal Reserve using E-Apps on behalf of the Agent Filing Organization. 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 Filing Employee will comply with all terms and conditions specified in the Federal Reserve Board's Certification Practice Statement (located at <http://federalreserve.gov/PKiCertificates/>) as well as all applicable security procedures. You may rely on and act upon any information you receive (or that you reasonably believe you have received) from the Filing Employee 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 authority to make this designation and these representations.

AO's signature: _____ Date: _____

Please submit this original form via mail or courier to the Customer Contact Center. Questions may be directed to the e-mail address or phone numbers 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**

Section 4 – Federal Reserve Use Only

	Signatures	Date
Due Diligence Verification Signature		
Data Entry Verification Signature		

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