

We, the entity named below, request that you issue a credential to the individual identified below and grant him/her access to E-Apps.

Date: _____ **Credential Request Type:** _____ **Add** **Modify** **Renew** **Reissue** **Delete**

Applicant/User Profile

Name (First, Middle Initial, Last): _____ **Previous Name** (If applicant's name has changed): _____

Job Title: _____ **Individual Email Address** (No groups): _____

Main Switchboard Phone Number: _____ **Fax Number:** _____

Organization's Legal Name (If the request is for more than one organization, please list all Legal Names): _____

Street Address: _____

City: _____ **State/Province:** _____ **Zip/Postal Code:** _____ **Country:** _____

Authorizer Profile

Name (First, Middle Initial, Last): _____ **Individual Email Address** (No groups): _____

Organization's Legal Name: _____ **Main Switchboard Phone Number:** _____

THIS SECTION TO BE COMPLETED ONLY FOR REISSUE/DELETE REQUESTS.

Note: For reissue requests, the current credential will be deleted, and a new credential will be issued; current access will be interrupted for a short time.

REASON FOR REQUEST: _____

AUTHORIZATION: On behalf of our organization, I designate the individual named above as an authorized user of the Board of Governors of the Federal Reserve Board's Electronic Applications System (E-Apps). The Organization is authorizing the applicant to transact business with the Federal Reserve using E-Apps on behalf of the Organization. All filings submitted and other actions taken by the applicant when using E-Apps certificates will be legally binding on the Organization. The applicant 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 applicant until you receive, and have had a reasonable time to act upon, a written amendment or revocation of this authorization.

By typing my name in the indicated fields, I am signing this document and affirming the truth of the information submitted. I understand that signing the document in this manner is the legal equivalent of having placed my handwritten signature on the document.

Authorizer's Printed Name: _____

Date: _____

FEDERAL RESERVE USE ONLY:

Due Diligence Verification Signature: _____

Date: _____

Data Entry Verification Signature: _____

Date: _____