Electronic Applications System (E-Apps)

Credential Request

Please provide the information specified below. Unless otherwise noted, all fields are mandatory.
NOTE: A separate form must be completed for each individual requesting designation as an E-Apps Authorizer.

Please ensure you have the latest version of Adobe Reader in order to save and submit this form electronically (preferred method). You may install the latest version of Adobe Reader for free at https://get.adobe.com/reader/. Alternatively, you may print and complete the form. If printed, please scan and submit via email or fax as noted below.

For assistance in completing this form, please contact the Customer Contact Center (CCC) at (888) 333-7010.
Send the completed and signed form to the CCC via: Email: ccc.coordinators@kc.frb.org or **Fax:** (800) 660-7856.

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 organzation, 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 the terms and conditions of the Reserve Bank's Operating Circular No. 5 ("OC 5"), including the Certification Practice Statement ("CPS") (in the case of certificate holders), as well as all applicable security procedures, as they are all amended from time to time. OC 5 and the CPS are both located on FRBservices.org. 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: _____

NOTE: If your email client does not launch upon clicking the "Submit" button, save the completed form and attach it to an email message using your preferred email client.

Submit

FEDERAL RESERVE USE ONLY: Due Diligence Verification Signature: _____ Date: _____

Data Entry Verification Signature: _____ Date: _____

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