



REPs USER ACCESS REQUEST FORM

I. Request Type

☐

New User

☐

Update User

☐

Deactivate User

Requested 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

Name of Approver:

Signature:

Reset Form**Submit**