

**APHIS Local Registration Authority (LRA)
Request for Training and Acknowledgment of
Role Responsibilities**

Section A. (LRA Candidate) Complete employee information for who is requesting authorization to become an LRA.

First Name: _____ Middle Initial: _____ Last Name: _____

Place of Duty

Address (including City, State, and ZIP Code):

Telephone Number:

E-mail Address:

I, _____, the LRA candidate (employee), understand and agree to the following terms related to my role as LRA:

- 1) I will successfully complete the required LRA training and recertification training.
- 2) As a trained Agency LRA, I may be asked on occasion to proof customers not directly related to my individual APHIS program. I will be responsible for proofing the identity of customers requesting a Level 2 credential. All credential applications processed will retain my LRA identity for tracking purposes in the event questions arise regarding the credential holder.
- 3) I will not be performing the authorization function to APHIS business application(s).

Employee Signature

Date

Section B. (Supervisor) Complete approval for the employee to complete LRA training and assume related LRA responsibilities.

I, _____, the supervisor for the employee identified above, understand and agree to the following terms related to the LRA role:

- 1) The LRA candidate must be employed as a USDA APHIS Federal employee, i.e., paid by the National Finance Center. Candidate cannot be employed as a contractor, partner, or in any other employment capacity.
- 2) The LRA candidate will be authorized to complete the LRA training and any subsequent recertification training as necessary.
- 3) The LRA candidate will perform the authentication proofing for customers requesting a Level 2 credential. As a trained Agency LRA, there may be occasions in which the employee will be asked to perform proofing to customers not directly related to an individual APHIS program.
- 4) The LRA candidate will not be performing the authorization function to APHIS business application(s).

Supervisor Signature

Date