AD-2017 (11-15-01)	U.S. DEPARTMENT OF AGRICULTURE		1. Request Date
SERVICE CENTER INFORM	IATION MANAGEMENT SYSTEM (S	CIMS) ACCESS FORM	
INSTRUCTIONS: Please complete a sepa	arate form for each employee.		· ·
2. Employee Name (Last, First, MI)	3. Social Security No.	4. State FIPS Code	5. County FIPS Code
6. Type of Employee <i>(Check One)</i> Permanent Federal Permanent County Office Temporary Federal Temporary County Office Other <i>(Specify)</i>	7. Agency (Check One) FSA NRCS RD Other (Specify)	8. State Name	9. County Name
10. Type of Access Requested: Full Access (Employee complet	e Item 11)		

11. Certification by Employee

By signing this form, I certify that I have received training by a USDA Employee who has authority to grant me use of the SCIMS database. I understand that proper use of the database and the consequences of accessing and making changes to customer's core data. I certify that I will use the database only for conducting USDA Governmental business as a necessary part of my position with the United States Department of Agriculture.

Employee Signature

Date

12. Certification by Security Officer

As State or County Security Officer, I certify that the above employee has received sufficient training on the use of the SCIMS database. By signing this form, I have granted this USDA employee permission to obtain a password to access the SCIMS database to conduct official USDA business.

Security Officer Signature

Date

13. Revocation of Authority

The authority for the above-named person was revoked on the day shown below.

A. Security Officer Signature	B. Date	
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