**Texas Department of Agriculture

FND-139

Security Authority for FDP Processing Co-Op Coordinators

**IMPORTANT**: Users must log in to TX-UNPS every 120 days or their account will be deactivated. If a user’s account is deactivated, a new form must be submitted to TDA.

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| sec A | 1.company information | |
| **a. Legal Name of Cooperative** | |
| **b. Legal Name of Organization Representing the Cooperative** |  |

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| sec B | **1. contracting entity information / security group** | | |
| **a. Legal Name of Contracting Entity** | | **b. CE ID:** |
| **c.**  **FDP Co-Op** | **d. Associated Processing Co-Op:** | |

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| section C | 1 User information | | | | | |
| **User Acknowledgment:**  The representative below acknowledges that he/she is authorized on behalf of the organization and agrees to the following:   * Unauthorized use of the system information resources is prohibited and misuse is subject to criminal prosecution; * Information is considered confidential and will not be disclosed under TDA policy and understands that User IDs and passwords are specific to the individual and will not be shared; * All documents and information submitted physically and electronically are/will be true and correct in all respects; and * Use of records and information resources are only for purposes that are allowed by the owner and TDA and will maintain all documentation required | | | | | |
| **2 Complete each section below for each user.** | | | | | |
| USER  1 | **ADD NEW USER**  **MODIFY EXISTING USER**  **INACTIVATE** | | | **CE ID UPDATE:** Add  Remove | |
| **a. Full Legal Name** (First, MI, Last)  Legal names only, no nicknames authorized |  | | | |
| **b. Title** |  | | | |
| **c. Business E-mail**  (Login information to be emailed to this address) |  | | | |
| **d. Business Phone** | extension: | **TDA USE ONLY –** Action; Initials; Date Completed | | |
| **e. TX-UNPS User ID**  (if modifying/removing an existing user) |  |
| **f. Sign**  **Here** | | | | **Date:** |
| USER  2 | **ADD NEW USER**  **MODIFY EXISTING USER**  **INACTIVATE** | | | **CE ID UPDATE:** Add  Remove | |
| **a. Full Legal Name** (First, MI, Last)  Legal names only, no nicknames authorized |  | | | |
| **b. Title** |  | | | |
| **c. Business E-mail**  (Login information to be emailed to this address) |  | | | |
| **d. Business Phone** | extension: | **TDA USE ONLY –** Action; Initials; Date Completed | | |
| **e. TX-UNPS User ID**  (if modifying/removing an existing user) |  |
| **f. Sign**  **Here** | | | | **Date:** |

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| section c | **2 Complete each section below for each user. continued** | | | | | |
| USER  3 | **ADD NEW USER**  **MODIFY EXISTING USER**  **INACTIVATE** | | | **CE ID UPDATE:** Add  Remove | |
| **a. Full Legal Name** (First, MI, Last)  Legal names only, no nicknames authorized |  | | | |
| **b. Title** |  | | | |
| **c. Business E-mail**  (Login information to be emailed to this address) |  | | | |
| **d. Business Phone** | extension: | **TDA USE ONLY –** Action; Initials; Date Completed | | |
| **e. TX-UNPS User ID**  (if modifying/removing an existing user) |  |
| **f. Sign**  **Here** | | | | **Date:** |

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| section D | 1 contracting entity APPROVAL SIGNATURE | |
| As an authorized representative of the organization, I recognize that I am responsible for the management of security and understand all requirements, guidelines, responsibilities, and policies. I am aware that deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal laws.  I will not disclose information that is considered confidential under TDA policy and under that User IDs and passwords are specific to the individual and will not be shared. I will use the records and information resources only for purposes that are allowed by the owner and TDA and understand it is our responsibility to maintain all documentation required. | |
| **a. Printed Full Legal Name of Highest Official in the CE** (no nicknames) | |
| **b. Signature of Highest Official** | **Date** |

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| secTION E | 1 TDA INTERNAL USE ONLY | |
| **Signature – F&N Representative** | **Date** |
| **Notes:** | |
| **Return for Correction Reason:** | |
| **Security Administrator Signature:** | **Date** |

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| **Please mail or fax this form to**: | Texas Department of Agriculture, Food and Nutrition Division  P.O. Box 12847  Austin, TX 78711  Fax No.: 888-203-6593 |

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)