**Texas Department of Agriculture

FND-138

Security Authority for Warehouse Users

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

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| sec A | 1.company information | |
| **a. Legal Name of Warehouse** | |
| **b. DBA Name, if applicable** |  |

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| sec B | 1 action requested | | |
| **ADD NEW USER**  **MODIFY EXISTING USER**  Complete Sec C, D & F | **UPDATE USER INFORMATION**  Complete Sec. C & F | **INACTIVATE**  Complete Sec. E & F |

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| section C | 1 User information | | | | | |
| **a. First Name** (Legal names only, no nicknames authorized) | **b. Middle Initial** | **c. Last Name** | | | |
| **d. Title** | | | | **e. TX-UNPS User ID** (if modifying an existing user) | |
| **f. Business E-mail** (Login information will be emailed to this address) | | | **g. Business Phone**  (       )       - | | **h. Extension** |
| **i Update User Information – Type of Change Requested:**  Name  Title  Business E-mail  Business Phone | | | | | |
| **j. Signature of User**  The representative above 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. | | | | | |
|  | | | | | **Date (mm/dd/yy)** |

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| sec D | **1. REPRESENTATIVE TYPE / security group** |
| **a.  FDP Contracted WH** Add  Remove |
| **b. Associated Warehouse**: |

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| sec E | 1 REMOVAL OF AN EXISTING USER (INACTIVATION) | | |
| **a. First Name** (Legal names only, no nicknames authorized) | **b. Middle Initial** | **c. Last Name** |
| d.**Title** | | **e. TX-UNPS User ID** |

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| section F | 1 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 Company** (ex: Owner, Chief Officer, Financial Administrator, etc.) (no nicknames) | |
| **b. Signature of Highest Official** | **Date (mm/dd/yy)** |

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| secTION G | 1 TDA INTERNAL USE ONLY | | | | | |
| **Approved**  **Disapproved** | **Signature – F&N Representative** | | | **Date (mm/dd/yy)** | |
| **Action Completed** | | | | | |
| Created  **User Information:** | Modified  **User Information:** | Personal Data Updated  **User Information:** | | | Inactivated  **User Information:** |
| **Notes:** | | | **Security Administrator:** | | |
| **Date (mm/dd/yy):** | | |
| **Return for Correction Reason:** | | | **Security Administrator:** | | |
| **Date (mm/dd/yy):** | | |

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| **Please mail, email or fax this form to**: | Texas Department of Agriculture, Food and Nutrition Division  P.O. Box 12847  Austin, TX 78711  Email: PES-FND101.Bops@TexasAgriculture.gov  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.)