



COMMISSIONER SID MILLER

Texas Department of Agriculture
Security Authority for WBSCM Users

FND-136

SECTION A	RECIPIENT AGENCY (RA) INFORMATION			
	^a Legal Name of Organization			^b Org ID
	^c DBA Name			
	^d Business Street Address	^e City	^f State	^g Zip Code

SEC B	ACTION REQUESTED		
	<input type="checkbox"/> ADD NEW USER	<input type="checkbox"/> MODIFY EXISTING USER	<input type="checkbox"/> INACTIVATE EXISTING USER

SECTION C	USER INFORMATION		
	^a First Name (Legal names only, no nicknames authorized)		^b Last Name
	^c Position Title	^d Business Phone () -	^e Extension
	^f Business E-mail (Logon information will be emailed to this address.)		
	<p>The representative designated above acknowledges that he/she is authorized on behalf of the contracting organization and agrees to the following responsibilities within the Web-based Supply Chain Management (WBSCM) system:</p> <ul style="list-style-type: none"> I will not disclose information that is considered confidential under TDA policy and understand that User IDs and passwords are specific to the individual and will not be shared; I understand my responsibilities as it relates to security management and designation of security roles and will follow the requirements, guidelines, and policies set forth by TDA and USDA. I will use the records and information resources only for purposes that are allowed by TDA and USDA and will maintain all documentation required. 		
	^g Signature of User (Not required for Remove)		Date (mm/dd/yy)

SECTION D	WBSCM SECURITY ROLE TYPE																																		
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SECTION E	REMOVAL OF AN EXISTING USER (INACTIVATION)	
	^a First Name (Legal names only, no nicknames authorized)	^b Last Name
	^c Position Title	^d Business E-mail

SECTION F	APPROVAL SIGNATURE	
	<p>The representative designated above, and myself, acknowledge that each is individually authorized on behalf of the contracting organization to make written agreements with the Texas Department of Agriculture (TDA) to operate a food program, to sign documents or reports about the agreement.</p> <p>By signing this document, we certify individually and collectively that to the best of our knowledge and belief, all documents submitted physically or electronically on behalf of the above-named contracting organization pursuant to our participation in any and all programs administered by TDA and USDA, are/will be true and correct in all respects, that they are/will be available to support any and all claims for goods or services. We recognize that we are fully responsible for any excess commodities which may result from errors made in relation to the completion and submission of orders. We are also aware that deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal laws.</p> <p>We further understand that each recipient agency may not request more than one individual to have User Admin rights and the assigned individual must be a direct employee of the entity. Contracted staff, such as Food Service Management personnel and Cooperative Coordinators, may not be permitted this access right. Additionally, we understand that user IDs and passwords are specific to the individual and will not be shared.</p>	
	<p>^aName of Highest Official in the Recipient Agency (example: Superintendent, President of Board, etc.) (Print the full legal name and not a nickname)</p>	
	<p>^bSignature of Highest Official in the Recipient Agency</p>	<p>Date (mm/dd/yy)</p>

SECTION G	TDA INTERNAL USE ONLY	
	<p>Name of F&N Representative</p>	
	<p>Signature – F&N Representative</p>	<p>Date (mm/dd/yy)</p>
	To be completed by Security Administrator	
	<p>Action Completed: <input type="checkbox"/> Created <input type="checkbox"/> Modified <input type="checkbox"/> Inactivated</p>	
	<p>User Information:</p>	
	<p>Notes:</p>	<p>Security Administrator:</p> <p>Date (mm/dd/yy):</p>
	<p>Return for Correction Reason:</p>	<p>Security Administrator:</p> <p>Date (mm/dd/yy):</p>

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.)

Please email, fax or mail this form to:

Texas Department of Agriculture, Food and Nutrition Division
P.O. Box 12847
Austin, TX 78711

Fax No.: 888-203-6593

Email (Preferred method):
commodityoperations@TexasAgriculture.gov