NFC REPORTING CENTER ePOL ACCESS REQUEST FORM

1. Name:	
2. Title:	3. Email:
4. Social Security Number:	5. Phone:
6. Agency and Program:	
7. Please select one of the following:	
I am a NFC user with current access to (i.e., reports that do not contain sensitiv	the Reporting Center statistical data reports only. re data). Please continue to Question 8.
☐ I am a NFC user but do not have access	s to the Reporting Center. Please continue to Question 8.
☐ I am not a NFC user/I do not have a NF	CC ID. Please continue to Question 9.
8. If you selected the first or second choice in Que For example, AP123 or AM456.	estion 7 above, please enter your NFC ID.
PPQ, ER (34-30-20) or AMS, Deputy Adminis Please note - access is granted to the organization	e) to which you are requesting access. For example, APHIS, strators, Cotton, Grading Branch (02-08-09-0200). ional level which you report and its sub-organizations. Should you must obtain appropriate supervisory approval.
10. Send completed request to Darcy Long, Sec Darcy.L.Long@aphis.usda.gov or fax (612) 37 Classification Specialist. You will be notified	0-3001. If you have questions, please contact your servicing
Employee Signature: Date:	
I concur with the access level requested by the	above named employee.
Supervisor Name (print):	
Supervisor Signature: Date:	