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 the (i.e., reports that do not contain sensitive d	e Reporting Center statistical data reports only. data). Please continue to Question 8.
☐ I am a NFC user but do not have access to	the Reporting Center. Please continue to Question 8.
☐ I am not a NFC user/I do not have a NFC	ID. Please continue to Question 9.
8. If you selected the first or second choice in Quest. For example, AP123 or AM456.	ion 7 above, please enter your NFC ID.
PPQ, ER (34-30-20) or AMS, Deputy Administra	nal level which you report and its sub-organizations. Should
10. Send completed request to Michele Stegall, Se Michele.A.Stegall@aphis.usda.gov or fax (612) 3 servicing Classification Specialist. You will be no	36-3571. If you have questions, please contact your
Employee Signature: Date:	
I concur with the access level requested by the ab	ove named employee.
Supervisor Name (print):	
Supervisor Signature:	