

**BUREAU OF THE PUBLIC DEBT
FEDINVEST LOGON – ID REQUEST
GENERAL INFORMATION**

1. Action Requested:

Effective Date: _____

- Grant Access Revoke Access
 Add Additional Account(s) Supervisor Change Other

2. User Information:

Agency Name:	
Name: (Last, First, MI)	
Job Title:	
Agency Location Code: (ALC)	
Account Fund Symbol: (AFS) Full Access(Process Transactions)	
Account Fund Symbol: (AFS) Inquiry Access (View Only)	
Street Address: Line 1	
Street Address: Line 2	
City, State, Zip:	
Telephone Number:	
Fax Number:	
E-mail Address:	

3. Chief Financial Officer (CFO) Information:

CFO Name: (Last, First, MI)	
Address: (If Different)	
City, State, Zip: (If Different)	
E-mail Address:	
Telephone Number:	
Fax Number:	

4. Supervisor Authorization Information:

Supervisor Name: (Last, First, MI)	
Telephone Number:	
Email Address:	
Supervisor Signature:	

5. User Information:

User's Signature:	
Mother's Maiden Name:	

SIGNOFF Section (Public Debt use only)

LDAP ID:					
ISSR: Create LDAP ID & Submit NSR to Response Team			Date:		
Added to CRM			Date:		
FIB: FIB Signature			Date:		
If Auditor: Agency Approval :		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Date:
Agency Contact:					
Email IT Service Desk to Add to Contact Management (cc: ISSR)			Date:		
NSR Number Assigned:			Date:		
Forms to ISSR	Date:	Contingency File	Date:		
CRM-Verify/Edit	Date:	Microsoft Access Database	Date:		
Training Memo	Date:	Trained: Yes <input type="checkbox"/>	No (Per User) <input type="checkbox"/>	Date:	