

**Over the Counter Channel Application (OTCnet)  
Primary Local Security Administrator (PLSA) Authorization Form**

The Officer of the agency identified below designates the following to serve as Primary Local Security Administrator (PLSA) and the following to serve as the Local Security Administrator (LSA) for the Over the Counter Channel (OTCnet) Application. Each PLSA may designate other individuals as Users or Local Security Administrators (LSAs). It is required that you have 1 PLSA and at least 1 LSA at the Agency/highest level of your hierarchy.

**Section 1 – Request Type**

<input type="checkbox"/> <b>Create New Agency, PLSA, and LSA</b> Rules of Behavior must also be submitted  <p align="center"><b>OR</b></p> <input type="checkbox"/> <b>Modify Agency or PLSA:</b>  <input type="checkbox"/> <b>Change Agency Name or Acronym</b> <input type="checkbox"/> <b>Change PLSA Name</b> (current credentials will be deleted, new credentials will be issued) Current Name: _____ Current Username: _____ <input type="checkbox"/> <b>Modify PLSA Information</b> (only applies to PLSA’s phone number or address) <input type="checkbox"/> <b>Delete PLSA</b> (attach an authorization form for a new PLSA)	<p><i>Note: The PLSA and LSA User has access to maintain users and user permissions for TGAnet in TWAI. PLSA and LSA User does not have access to confirm deposits. PLSA and LSAs may have no other TGAnet role</i></p>
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**Section 2 – Agency Information**

Agency Name:
Agency Acronym: (10 characters maximum)

**Section 3 – PLSA Profile**

*Each agency may have only one user designated as a PLSA.*

PLSA’s Name (First and Last)	
PLSA’s E-mail Address (not shared) *Please ensure accuracy – email address is the unique identifier of a user	
Phone Number (direct number to PLSA)	
Street Address (PLSA location)	
Street Address Line 2 (PLSA location)	
City / State / Zip (PLSA location)	
PLSA Activation Date (please check one)	<input type="checkbox"/> Activate Immediately <input type="checkbox"/> Future Activation Date:

**Section 4 – LSA Profile**

*Each agency must establish one user as their initial LSA, other LSA’s can be added later.*

LSA’s Name (First and Last)	
LSA’s E-mail Address (not shared) *Please ensure accuracy – email address is the unique identifier of a user	
Phone Number (direct number to LSA)	
Street Address (LSA location)	
Street Address Line 2 (LSA location)	
City / State / Zip (LSA location)	
LSA Activation Date (please check one)	<input type="checkbox"/> Activate Immediately <input type="checkbox"/> Future Activation Date:

**Section 5 – Authorized Signature**

By signing below, the authorized individual (normally the Director of the Office of Finance, Office of Accounting, or comparable unit) certifies that he/she is duly authorized by the agency to designate individuals who can serve as PLSA and LSA. The authorized individual also agrees to be responsible on behalf of the institution for all security management related to OTCnet access. The authorized individual will be contacted and must confirm signature before request can be completed.

**The authorized individual signing this form cannot be designated as a PLSA or LSA on this form.**

Name (print)		Signature	
Title (required)		Phone	Date
Authorizing Officer’s E-mail Address (not shared) *Please ensure accuracy – email address is the unique identifier of a user			

**Please submit this completed request form to the Treasury OTC Support Center – Information Security.**

*Note: A form with an officer’s original signature must be emailed by the Officer to the Treasury OTC Support Center – Information Security; faxed copies will not be processed.*

Email Address for Information Security  
[FMS.OTCSecurity@Citi.com](mailto:FMS.OTCSecurity@Citi.com)

Please note: The PLSA Form should be emailed to Information Security by the Officer that has signed this form.