UNITED STATES DEPARTMENT OF AGRICULTURE

Farm Service Agency Washington, DC 20250

Common Management and	
Operating Provisions	
1-CM (Revision 3)	Amendment 35

1. Cinq Taimm

Approved by: Acting Deputy Administrator, Farm Programs

Amendment Transmittal

A Background

A revised AD-2017 has been:

- developed to eliminate the use of the SCIMS eAuthentication Access Excel spreadsheet
- used for State Offices requesting PYBC change authority.

B Reasons for Amendment

This amendment:

- provides revised procedure for requesting access to SCIMS, as well as a revised AD-2017
- adds procedure for State Offices requesting PYBC change authority.

Subparagraph 141 C has been amended to:

- provide revised procedure for requesting access to SCIMS through FSA Security Operations
- add procedure for State Offices requesting PYBC change authority
- remove the example of AD-2017.

Exhibit 11.4 has been added to include the revised AD-2017 and instructions.

Page Control Chart			
TC	Text	Exhibit	
11	6-41, 6-42	1, pages 1, 2	
	6-42.3, 6-42.4 (remove)	page 3	
	6-42.5, 6-42.6	11.4, pages 1, 2 (add)	

4-24-08 Page 1

Part 32	Facility Name and Address File
931	General Information
932	Adding Records
933	Displaying Basic Data
934	Changing Basic Data
935	Deleting Records
936	Changing ID Number, ID Type, or Facility Code
937	Reactivating Deleted Records
Exhibits	
1	Reports, Forms, Abbreviations, and Redelegations of Authority
2	Definitions of Terms Used in This Handbook
3	Menu and Screen Index
4-9	(Reserved)
10	IRS Information About Employer ID Numbers
11	Recording Business Types
11.4	Completing AD-2017
11.5	SCIMS Security Officers
12	Conversion Chart
12.5	Example of a Potential Duplicate Customer With Both a Temporary and a Permanent Tax Identification Number
12.6	Example of a Potential Duplicate Customer With Only a Temporary Tax Identification Number
12.7	Example of a Potential Duplicate Customer in 2 Counties With Different Names
12.8	Example of Potential Duplicate Customer in 2 Counties, But Not Duplicate in 3 rd County
12.9	Example of Potential Duplicate Customer Based on Matching Tax Identification Numbers With Different Business Types
12 10	Example of Potential Customer With Matching Tax Identification Numbers With
12.10	Different Names and Business Types
13	SF-256, Self-Identification of Handicap
	(Reserved)
50	Forms and Documents Not Approved for FAXed Signatures
51	Signature Authority/Power of Attorney Questions and Answers
	(Reserved)
60	FSA-211, Power of Attorney and FSA-211A, Power of Attorney Signature Continuation
	Sheet
61	(WithdrawnAmend. 5)
62	Non-FSA Power of Attorney Certification
63-99	(Reserved)
100	State Codes and State Abbreviations
101	State and County Codes and Counties
102	Approved Abbreviations and Acronyms
103	Approved Facility Types and Codes
104	USPS Abbreviations for SCIMS Name and Address Records

Section 2 Customer and Employee Name and Address File

141 Accessing Name and Address From SCIMS

A Purpose

Customer and core data is stored in a central database maintained by ITSD-ADC known as SCIMS. Accessing the name and address for adding, inactivating, reactivating, or viewing customer core data requires accessing SCIMS through the Intranet.

Only authorized **USDA** Service Center personnel may access SCIMS to add, delete, update, or view customer core data.

--Note: Only permanent USDA Service Center employees are authorized to access SCIMS. Requests for exceptions for temporary employees or non-USDA personnel must be submitted in writing to the National SCIMS Security Officer.--

After a customer's core data has been entered in SCIMS and a legacy link has been established, the core data will download to the AS/400 name and address files in the county where the legacy link has been established.

Note: If a legacy link is not established, the core data will reside only in SCIMS.

B Definitions

<u>Customer core data</u> means name and address data that has been determined to be used by at least 2 of the agencies in the Service Center.

<u>Authorized user</u> means USDA Service Center employees who have been certified to have received sufficient training commensurate with their requested role in the use of SCIMS on AD-2017 by their respective agency's State or County SCIMS Security Officer and have been processed through FSA security operations by their respective agency's State SCIMS Security Officer.

141 Accessing Name and Address From SCIMS (Continued)

C Requesting Access to SCIMS Through FSA Security Operations

*--Service Center employees shall request access to SCIMS through their respective agency State SCIMS Security Officer (See Exhibit 11.5).

State SCIMS Security Officers shall be responsible for requesting access to SCIMS for their respective employees. Requests shall be submitted to FSA Security Operations through the State Security Liaison Representative on AD-2017 by completing the required entries according to Exhibit 11.4.

Notes: AD-2017 will also be used for requesting PYBC change authority. See Exhibit 11.4.

See Exhibit 11.5 for a list of State SCIMS Security Officers for FSA, NRCS, and Rural Development.

AD-2017:

- is required and is the only official form for requesting access to SCIMS and requests for PYBC changes
- is required to certify that users have received adequate training commensurate with their requested access role
- shall be FAXed to FSA Security Operations when both requesting access and revoking access to SCIMS--*

Note: The FSA Security Operations FAX number is 816-627-0687.

- shall be maintained by the respective State SCIMS Security Officer
- shall be used to document "Revocation of Authority" by completing Part C.

* * *

141 Accessing Name and Address From SCIMS (Continued)

D Accessing SCIMS

SCIMS applications shall be accessed through IE using CCE equipment. Open IE, type http://intranet.fsa.usda.gov/fsa in the address field, and PRESS "Enter".

Note: NRCS employees will use the My NRCS website to access SCIMS. The My NRCS website is located at https://my.nrcs.usda.gov/nrcs.aspx. On the Homepage, CLICK "Field Office Tools" tab and then select the "Customers" SCIMS link.

E FSA's Intranet Homepage

FSA's Intranet Homepage will be displayed. CLICK "FSA Applications" and CLICK "SCIMS" under Common Application Menu.



Reports, Forms, Abbreviations, and Redelegations of Authority

Reports

None

Forms

This table lists all forms referenced in this handbook.

Number	Title	Display Reference	Reference
AD-1026	Highly Erodible Land Conservation (HELC) and Wetland Conservation (WC) Certification		750, 753
AD-2017	Service Center Information Management System (SCIMS) Access Form	Ex. 11.4	141, Ex. 2
CCC-10	Representations for Commodity Credit Corporation or Farm Service Agency Loans and Authorization to File a Financing Statement and Related Documents		177, 178
CCC-36	Assignment of Payment		211, 934
CCC-37	Joint Payment Authorization		211, 934
CCC-64	Surety Bond (Minor)	677	
CCC-184	CCC Check		679, 779
CCC-501A	Member's Information		753
CCC-502	Farm Operating Plan for Payment Eligibility Review		753
CCC-509	Direct and Counter-Cyclical Program Contract		709, 710
CCC-526	Payment Eligibility Average Adjusted Gross Income Certification		72, 753
CCC-605	Designation of Agent - Cotton		728, 731
CCC-1099-G	Report of Payments to Producers		276
CRP-1	Conservation Reserve Program Contract		211

Reports, Forms, Abbreviations, and Redelegations of Authority (Continued)

Forms (Continued)

		Display	
Number	Title	Reference	Reference
FFAS-12	Electronic Funds Transfer (EFT) Hardship Waiver Request		728
FSA-211	Power of Attorney	Ex. 60	Part 25,
			178, 709,
			Ex. 2
FSA-211-1 <u>1</u> /	Power of Attorney for Husband and Wife		728
FSA-211A	Power of Attorney Signature Continuation Sheet	Ex. 60	728
FSA-325	Application for Payment of Amounts Due Persons Who Have	779	
	Died, Disappeared, or Have Been Declared Incompetent		
FSA-410-1	Request for Direct Loan Assistance		177, 178
FSA-476	Notice of Acreage Bases, Payment Yields and CRP Reduction		83
FSA-570	Waiver of Eligibility for Emergency Assistance	802	801
FSA-2301	Request For Youth Loan		177, 178
I-151	Alien Registration Receipt Card		178, 932
I-551	Alien Registration Receipt Card		178, 932
SF-256	Self-Identification of Handicap	Ex. 13	179
SF-1055	Claim Against the United States for Amounts Due in the Case	780	
	of a Deceased Creditor		
SF-1199A	Direct Deposit Sign-Up Form		728
SF-3881	ACH Vendor/Miscellaneous Payment Enrollment Form		728
UCC-1	UCC Financing Statement		681
UCC-1F	Effective Financing Statement		681
W-7	Application for IRS Individual Taxpayer Identification		127
	Number		

<u>1</u>/ FSA-211-1 is obsolete.

Reports, Forms, Abbreviations, and Redelegations of Authority (Continued)

Abbreviations Not Listed in Exhibit 102

The following abbreviations are not listed in Exhibit 102.

Approved		
Abbreviation	Term	Reference
AGI	adjusted gross income	750
APO	Army Post Office	179, 932
CCE	Common Computing Environment	141
CY	current year	208, 212
DBA	doing business as	177
e-FC	electronic funds control	20
EQIP	Environmental Quality Incentives Program	750-754
FIPS	Federal Information Processing Standards	Ex. 101
FRS	Farm Records Management System	752
FSRIA	Farm Security and Rural Investment Act of 2002	106, 107
HC	highway content	179
IE	Internet Explorer	141
ITSD-ADC	Information Technology Services Division -	141, 156
	Application Development Center	
LAA	local administrative area	142, 208, 212, 291, 294, 305
LLC	Limited Liability Company	121, 178.6
MQ	Marketing Quota	208, 209
NSCP	Naval Stores Conservation Program	779, 918
OIP	Office Information Profile	Ex. 11.4
OT	other producer	197
PYBC	Prior Year Business Code	141, Ex. 11.4
RR	rural route	179, 208
SCIMS	Service Center Information Management System	Text, Ex. 11, 11.5, 12,
		12.5-12.10, 104
TAA	Trade Adjustment Assistance	728

Redelegations of Authority

This table lists redelegations of authority in this handbook.

Redelegation	Reference
Authority to act for entities may be redelegated by the representative by filing	730
FSA-211 for an agent to perform for the trust or estate.	

*--Completing AD-2017

A Instructions for Completing AD-2017

Complete AD-2017 according to this table.

Item	Instructions
1	Enter the date that access is requested.
2	Enter the employee's name.
3	Enter the employee's eAuthentication user ID.
4	Enter the State name.
5	Enter the county name.
6	Enter the OIP code.
	Note: OIP codes are available at http://intranet.fsa.usda.gov/fsa/. Under "Forms, Publications, and Supplies", CLICK "State/County Name & Address List".
7	Enter a checkmark for the type of employee, as applicable.
	Note: SCIMS access for temporary or non-USDA employees must be approved by the National SCIMS Security Office according to subparagraph 141 A.
8	Enter a checkmark for the applicable agency.
9	Enter a checkmark for the type of access requested.
	Note: AD-2017 shall also be used to submit requests for PYBC changes. PYBC change requests shall be FAXed to the Common Provisions Branch Chief at 202-720-0051. These requests shall not be FAXed to FSA Security Operations.
10	Enter a checkmark for the requested action, as applicable.
11	Read "Certification by Employee" before completing items 12A and 12B.
11A	The requesting employee shall sign.
11B	Enter date of signature.
12	Read "Certification by SCIMS Security Officer" before completing items 13A through 13D.
12A	SCIMS Security Officer shall sign.
12B	Enter date of signature.
12C	Concurring State Security Liaison Representative shall sign.
12D	Enter date of signature.
13	Enter any pertinent remarks.
14A	Common Provisions Branch Chief shall sign.
	Note: PYBC requests will be approved or disapproved by the Common Provisions Branch Chief in item 14B. The requestor will be notified by e-mail of action taken.
14B	Common Provisions Branch Chief shall approve or disapprove.
14C	Enter date of signature.
15	Read "Renovation by SCIMS Security Officer" before completing items 15A and 15B.
15A	SCIMS Security Officer shall sign.
15B	Enter date access to SCIMS is revoked.
	Note: Requests for revocation of access to SCIMS shall be FAXed to FSA Security Operations at 816-627-0687.

*--Completing AD-2017 (Continued)

B Example of AD-2017

The following is a completed example of AD-2017.

AD-2017	U.S. DEPARTMENT	OF AGRICULTURE		1. Re	quest Date (MM-DD-YYYY)
(04-24-08)	SERVICE CENTER INFORMATION MANAGEMENT SYSTEM (SCIMS) ACCESS FORM				04/22/2008
PARTA - I	NSTRUCTIONS: State SCIMS Se			nsible for request	ting from ESA Security
	access to SCIMS for their respon		es. Please co	mplete a separate	
2. Employee I	Name (Last, First, MI)		3. Employee's e	Authentication User ID	
	Hunt, Christan A.			chris.h	unt
4. State Name			5. County Name		
	West Virginia			Jeffer	son
6. Office Infor	mation Profile (OIP) Code	7. Type of En	nployee (Check on	e below:)	8. Agency (Check one below:)
		Perma	anent Federal		X FSA
		X Permanent County Office			NRCS
	66673		•	RD	
			orary Federal		Other (Specify below):
		Tempo	orary County Office		
		Other	(Specify):		
	cess Requested (Check one below:)	J 44D)		10. Office Information X Add	Profile (OIP) Code
-	Access (Employee complete Items 11A and	1 116)			
\square	v Only Access			Delete	
Prior Year Business Code (PYBC) Changes (WDC Approval Required).					
				Modify.	
	BC requests shall be FAXed to the Comm 2-720-0051. These requests shall not be l			Modify	
202 PART B - C 11. Certifica By signi	2-720-0051. These requests shall not be to SERTIFICATIONS ution by Employee ing this form, I certify that I have rece	FAXed to FSA Secu vived training by a	urity Operations.) USDA Employ	ee who has authority	
PART B - C 11. Certifica By signi SCIMS a custome of my po	2-720-0051. These requests shall not be be ERTIFICATIONS ution by Employee ing this form, I certify that I have rece database. I understand that proper us us's core data. I certify that I will use to sition with the United States Departm	FAXed to FSA Secu rived training by a se of the database the database only	urity Operations.) USDA Employ and the conseq for conducting	ee who has authority uences of accessing o	and making changes to
PART B - C II. Certifica By signi SCIMS a custome of my po 11A. Employe /s/ Ch	2-720-0051. These requests shall not be be ERTIFICATIONS ution by Employee ing this form, I certify that I have rece database. I understand that proper us it's core data. I certify that I will use to sition with the United States Departme e's Signature ristian A. Hunt	FAXed to FSA Secu rived training by a se of the database the database only	urity Operations.) USDA Employ and the conseq for conducting	ee who has authority uences of accessing o	and making changes to business as a necessary part
PART B - C 11. Certifica By signit SCIMS of my po 11A. Employe /s/ Ch 12. Certifica As State SCIMS official of	2-720-0051. These requests shall not be be CERTIFICATIONS attion by Employee ing this form, I certify that I have rece database. I understand that proper us ar's core data. I certify that I will use to estition with the United States Departments are Signature ristian A. Hunt attion by SCIMS Security Officer or County SCIMS Security Officer, I database. By signing this form, I have USDA business.	rived training by a se of the database the database only nent of Agricultur	uty Operations.) USDA Employ and the conseq for conducting e.	ee who has authority uences of accessing a USDA Government b as received sufficien	and making changes to business as a necessary part 11B. Date (MM-DD-YYYY) 04/22/2008 At training on the use of the ne SCIMS database to conduct
PART B - C 11. Certifica By signit SCIMS of my po 11A. Employe /s/ Ch 12. Certifica As State SCIMS official of the science of the sci	2-720-0051. These requests shall not be to SERTIFICATIONS attion by Employee ing this form, I certify that I have rece database. I understand that proper us is signature is Signature ristian A. Hunt attion by SCIMS Security Officer or County SCIMS Security Officer, I database. By signing this form, I have USDA business. Security Office's Signature	rived training by a se of the database the database only nent of Agricultur	uty Operations.) USDA Employ and the conseq for conducting e.	ee who has authority uences of accessing a USDA Government b as received sufficien	and making changes to business as a necessary part 11B. Date (MM-DD-YYYY) 04/22/2008 At training on the use of the ne SCIMS database to conduct 12B. Date (MM-DD-YYYY)
PART B - C 11. Certifica By signit SCIMS of my po 11A. Employe /s/ Ch 12. Certifica As State SCIMS official of the science of the sci	2-720-0051. These requests shall not be to SERTIFICATIONS atton by Employee ing this form, I certify that I have rece database. I understand that proper us r's core data. I certify that I will use to sition with the United States Departme's Signature ristian A. Hunt atton by SCIMS Security Officer, I database. By signing this form, I have USDA business. Security Office's Signature anne Dilsworth	rived training by a se of the database the database only nent of Agricultur certify that the al e granted this US	uty Operations.) USDA Employ and the conseq for conducting e.	ee who has authority uences of accessing a USDA Government b as received sufficien	and making changes to business as a necessary part 11B. Date (MM-DD-YYYY) 04/22/2008 At training on the use of the ne SCIMS database to conduct 12B. Date (MM-DD-YYYY) 04/23/2008
PART B - C II. Certifica By signin SCIMS of custome, of my po IIA. Employe /s/ Chr. I2. Certifical As State SCIMS official of signing in the signin	2-720-0051. These requests shall not be to SERTIFICATIONS attion by Employee ing this form, I certify that I have rece database. I understand that proper us is signature is Signature ristian A. Hunt attion by SCIMS Security Officer or County SCIMS Security Officer, I database. By signing this form, I have USDA business. Security Office's Signature	rived training by a se of the database the database only nent of Agricultur certify that the al e granted this US	uty Operations.) USDA Employ and the conseq for conducting e.	ee who has authority uences of accessing a USDA Government b as received sufficien	and making changes to business as a necessary part 11B. Date (MM-DD-YYYY) 04/22/2008 At training on the use of the ne SCIMS database to conduct 12B. Date (MM-DD-YYYY)
PART B - C II. Certifica By signin SCIMS of custome, of my po IIA. Employe /s/ Chr. I2. Certifical As State SCIMS official of signing in the signin	P. 720-0051. These requests shall not be be ERTIFICATIONS Ittion by Employee Ing this form, I certify that I have rece database. I understand that proper us r's core data. I certify that I will use to sition with the United States Departments of Signature It is signature at the states of the signature or County SCIMS Security Officer, I database. By signing this form, I have USDA business. Security Officer's Signature anne Dilsworth security Liaison Representative's Concurrence of the signature of the signat	rived training by a se of the database the database only nent of Agricultur certify that the al e granted this US	uty Operations.) USDA Employ and the conseq for conducting e.	ee who has authority uences of accessing a USDA Government b as received sufficien	and making changes to business as a necessary part 11B. Date (MM-DD-YYYY) 04/22/2008 At training on the use of the ne SCIMS database to conduct 12B. Date (MM-DD-YYYY) 04/23/2008 12D. Date (MM-DD-YYYY)
PART B - C II. Certifica By signing SCIMS of my point of my poin	P.720-0051. These requests shall not be be ERTIFICATIONS Ittion by Employee Ing this form, I certify that I have rece database. I understand that proper user's core data. I certify that I will use to sition with the United States Departme's Signature ristian A. Hunt ution by SCIMS Security Officer or County SCIMS Security Officer, I database. By signing this form, I have USDA business. Security Officer's Signature anne Dilsworth curity Liaison Representative's Concurrence try Pugh	rived training by a see of the database only nent of Agricultur certify that the all e granted this US.	u USDA Employ and the conseq for conducting e. bove employee h	ee who has authority uences of accessing a USDA Government b as received sufficien	and making changes to business as a necessary part 11B. Date (MM-DD-YYYY) 04/22/2008 At training on the use of the ne SCIMS database to conduct 12B. Date (MM-DD-YYYY) 04/23/2008 12D. Date (MM-DD-YYYY) 04/23/2008
PART B - C II. Certifica By signing SCIMS of my point of my poin	P.720-0051. These requests shall not be be ERTIFICATIONS ution by Employee Ing this form, I certify that I have rece database. I understand that proper us r's core data. I certify that I will use to sition with the United States Departme's Signature ristian A. Hunt ution by SCIMS Security Officer or County SCIMS Security Officer, I database. By signing this form, I have USDA business. USDA business. Security Officer's Signature anne Dilsworth Incurity Liason Representative's Concurrence try Pugh	eived training by a se of the database the database only nent of Agricultur certify that the all e granted this US.	u USDA Employ and the conseq for conducting e. bove employee h	ee who has authority uences of accessing a USDA Government l as received sufficien ermission to access th	and making changes to business as a necessary part 11B. Date (MM-DD-YYYY) 04/22/2008 At training on the use of the ne SCIMS database to conduct 12B. Date (MM-DD-YYYY) 04/23/2008 12D. Date (MM-DD-YYYY) 04/23/2008
PART B - C By signi SCIMS of my po IIA. Employe /s/ Ch. II. Certifica As State SCIMS official of III. SCIMS S /s/ Lea III. SCIMS S /s/ Lea III. SCIMS S III. S III. SCIMS S III. S II	P.720-0051. These requests shall not be to EERTIFICATIONS attion by Employee Ing this form, I certify that I have rece database. I understand that proper us it is core data. I certify that I will use to sition with the United States Departm e's Signature ristian A. Hunt ution by SCIMS Security Officer or County SCIMS Security Officer, I database. By signing this form, I have USDA business. Security Officer's Signature anne Dilsworth curity Liaison Representative's Concurrence try Pugh e of Common Provisions Branch Chief. Internally Internal States only if Item 9, PYBC is checked.)	eived training by a se of the database the database only nent of Agricultur certify that the all e granted this US.	u USDA Employ and the conseq for conducting e. bove employee h	ee who has authority uences of accessing o USDA Government l as received sufficien ermission to access the	and making changes to business as a necessary part 11B. Date (MM-DD-YYYY) 04/22/2008 At training on the use of the ne SCIMS database to conduct 12B. Date (MM-DD-YYYY) 04/23/2008 12D. Date (MM-DD-YYYY) 04/23/2008
PART B - C By signi SCIM'S custome. of my po 11A. Employe /s/ Ch. 12. Certifica As State SCIM'S cofficial to 12A. SCIM'S SCIM'S Lea 12C. State Se /s/ Jer 13. Remarks:	P.720-0051. These requests shall not be be BERTIFICATIONS attion by Employee Ing this form, I certify that I have rece database. I understand that proper us r's core data. I certify that I will use to sition with the United States Departme e's Signature ristian A. Hunt ution by SCIMS Security Officer or County SCIMS Security Officer, I database. By signing this form, I have USDA business. Security Officer's Signature Fanne Dilsworth Discourity Liaison Representative's Concurrence Try Pugh The Common Provisions Branch Chief, the only if Item 9, PYBC is checked.) REVOCATION OF AUTHORITY	eived training by a se of the database the database only nent of Agricultur certify that the all e granted this US.	u USDA Employ and the conseq for conducting e. bove employee h	ee who has authority uences of accessing o USDA Government l as received sufficien ermission to access the	and making changes to business as a necessary part 11B. Date (MM-DD-YYYY) 04/22/2008 At training on the use of the ne SCIMS database to conduct 12B. Date (MM-DD-YYYY) 04/23/2008 12D. Date (MM-DD-YYYY) 04/23/2008
PART B - C By signing SCIMS of custome, of my point o	P. 120-0051. These requests shall not be be ERTIFICATIONS Ition by Employee Ing this form, I certify that I have rece database. I understand that proper us r's core data. I certify that I will use to sition with the United States Departme's Signature ristian A. Hunt Ition by SCIMS Security Officer or County SCIMS Security Officer, I database. By signing this form, I have USDA business. Security Officer's Signature canne Dilsworth recurity Liaison Representative's Concurrence try Pugh The officer of Common Provisions Branch Chief, the only if Item 9, PYBC is checked.) REVOCATION OF AUTHORITY in by SCIMS Security Officer	rived training by a se of the database the database only nent of Agricultur certify that the ale granted this US.	u USDA Employ and the conseq for conducting e. bove employee had bove employee per provisions Branch provisions Branch proved	ee who has authority uences of accessing a USDA Government b as received sufficien ermission to access the	and making changes to business as a necessary part 11B. Date (MM-DD-YYYY) 04/22/2008 At training on the use of the ne SCIMS database to conduct 12B. Date (MM-DD-YYYY) 04/23/2008 12D. Date (MM-DD-YYYY) 04/23/2008
PART B - C By signing SCIMS acustome, of my political SCIMS and SCIMS acustome. As State SCIMS and SCIMS acustomes. As State SCIMS and SCIMS acustomes. As State SCIMS acustomes. As CIMS acustomes. As CIMS acustomes. As CIMS acustomes. As CIMS acustomes. As State Science SCIMS acustomes. As State Science Scien	RETIFICATIONS ation by Employee Ing this form, I certify that I have rece database. I understand that proper us r's core data. I certify that I will use to sition with the United States Departm e's Signature ristian A. Hunt ution by SCIMS Security Officer or County SCIMS Security Officer, I database. By signing this form, I have USDA business. Security Officer's Signature anne Dilsworth recurity Liaison Representative's Concurrence try Pugh REVOCATION OF AUTHORITY ion by SCIMS Security Officer activity for the above-named person was	rived training by a se of the database the database only nent of Agricultur certify that the ale granted this US.	u USDA Employ and the conseq for conducting e. bove employee had bove employee per provisions Branch provisions Branch proved	ee who has authority uences of accessing a USDA Government b as received sufficien ermission to access the	and making changes to business as a necessary part 11B. Date (MM-DD-YYYY) 04/22/2008 At training on the use of the ne SCIMS database to conduct 12B. Date (MM-DD-YYYY) 04/23/2008 12D. Date (MM-DD-YYYY) 04/23/2008
PART B - C 11. Certifica By signin SCIMS custome, of my po 11. Employe /s/ Ch. 12. Certifica As State SCIMS cofficial to 12. Scims so /s/ Lec 12. State Se /s/ Jer 13. Remarks: 14. Signature (Comple	P. 120-0051. These requests shall not be be ERTIFICATIONS Ition by Employee Ing this form, I certify that I have rece database. I understand that proper us r's core data. I certify that I will use to sition with the United States Departme's Signature ristian A. Hunt Ition by SCIMS Security Officer or County SCIMS Security Officer, I database. By signing this form, I have USDA business. Security Officer's Signature canne Dilsworth recurity Liaison Representative's Concurrence try Pugh The officer of Common Provisions Branch Chief, the only if Item 9, PYBC is checked.) REVOCATION OF AUTHORITY in by SCIMS Security Officer	rived training by a se of the database the database only nent of Agricultur certify that the ale granted this US.	u USDA Employ and the conseq for conducting e. bove employee had bove employee per provisions Branch provisions Branch proved	ee who has authority uences of accessing a USDA Government b as received sufficien ermission to access the	and making changes to business as a necessary part 11B. Date (MM-DD-YYYY) 04/22/2008 At training on the use of the ne SCIMS database to conduct 12B. Date (MM-DD-YYYY) 04/23/2008 12D. Date (MM-DD-YYYY) 04/23/2008