REVIEWER SETUP APPLICATION

|  |  |
| --- | --- |
| **ACTION**: **CHECK ONE PLEASE**  **NEW ACCOUNT**  **CHANGE USER’S ACCESS**  **CLOSE/TERMINATE USER’S ACCESS** | Arkansas Department of Finance & AdministrationOffice of State Procurement/Credit Card Section |

# REVIEWER INFORMATION – This section is to be completed by Agency

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Last Name** | | | | | **First Name** | | | | | | | | | **Middle Initial** |
| **Agency Name** | | | | |  | | | | | | **Business Area** | | | |
| **Business Mailing Address** | | | | | | | | | | | **Phone Number** | | | |
| **City** | | | | | **State** | | | | | | **ZIP Code** | | | |
| **Email Address** | | | | | | | | | **USER ID (must be 7-20 character in length)** | | | | | |
| Section B – System Access - This section is to be completed by Agency | | | | | | | | | | | | | | |
| **Authentication Question (Please check only one)** | | | | **Response to Authentication** | | | | | | | | | | |
|  | **Mother’s Maiden Name** | | |  | | | | | | | | | | |
|  | **Father’s Middle Name** | | |  | | | | | | | | | | |
|  | **Birth Place** | | |  | | | | | | | | | | |
|  | **Favorite Sports Team** | | |  | | | | | | | | | | |
|  | **Pet’s Name** | | |  | | | | | | | | | | |
| **Type of Role Needed** | | | | | | | | | | | | | | |
|  | | **Viewing Only(PAV001) – (no editing allowed)** | | | | | | | | | | | | |
|  | | **Review and Edit Transactions online(PAS004)** | | | | | | | | | | | | |
| **ACCOUNT** | | | | | | | | | | | | | | |
| **TYPE OF ACCOUNT:**  **P-CARD**  **T-CARD**  **CTS ACCOUNT** | | | **Account Numbers(s)** | | | | **AGENCY NAME AND NAME ON ACCOUNT** | | | | | | | |
| **(EXAMPLE) P-CARD** | | | **1234** | | | | **DFA** | | | | | **John Doe** | | |
|  | | |  | | | |  | | | | |  | | |
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|  | | | | | | | |  | |  | | | | |
| (Employee Applicant Signature/Date) | | | | | | | |  | | (Approving Manager Signature/Date) | | | | |
|  | | | | | | | |  | |  | | | | |
| Section C – US Bank InformationThis section is to be completed by DFA-OSP Credit Card Personnel | | | | | | | | | | | | | | |
| Functional Entitlement Group | | | | | | Date Completed | | | | | | |  | |
| DFA/OSP Administrator/Coordinator Signature | | | | | | Date Scanned into System | | | | | | |  | |

**Please email all completed applications to** [**creditcards@dfa.arkansas.gov**](mailto:creditcards@dfa.arkansas.gov)

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