



## SECURITY ADMINISTRATOR(S) FOR OFM'S Disclosure Form Application

AGENCY #: \_\_\_\_\_ AGENCY NAME: \_\_\_\_\_

*The following individuals are designated as Security Administrator(s) for the Disclosure Form Application. They are authorized to assign security for individuals within this agency.*

<input type="checkbox"/> Add	<input type="checkbox"/> Delete
First Name: _____ Last Name: _____	
Email: _____	
Are you currently a Financial Toolbox User?	Yes
If so, do you want the same Logon ID and Password in the Disclosure Form Application?	Yes
Toolbox Logon ID: _____	

  

<input type="checkbox"/> Add	<input type="checkbox"/> Delete
First Name: _____ Last Name: _____	
Email: _____	
Are you currently a Financial Toolbox User?	Yes
If so, do you want the same Logon ID and Password in the Disclosure Form Application?	Yes
Toolbox Logon ID: _____	

\* The Disclosure Form Logon ID is generally your email address, unless you have indicated above that you want to use your Toolbox Logon ID.

### **APPROVAL OF AGENCY DIRECTOR OR DESIGNEE:**

Date \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Send signed form to: [ofmaccounting@ofm.wa.gov](mailto:ofmaccounting@ofm.wa.gov)

OFM USE ONLY: Security entered by _____	Date _____
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