



## SECURITY ADMINISTRATOR REQUEST FORM

### Security Administrator Designation:

The Security Administrator(s) (SA) designated below will be responsible for setting up, maintaining, and managing security for the entity's users. The SA will have the capability to create user IDs, assign roles, and create/manage agency agreements. Each entity should designate two SAs if possible; the primary SA and an alternate. There is a maximum of two SAs per entity.

#### **Primary:**

1) Current active Login ID, if applicable: \_\_\_\_\_ Remove Access: Y / N

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### **Alternate:**

2) Current active Login ID, if applicable: \_\_\_\_\_ Remove Access: Y / N

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Approval:

The person signing below represents and warrants that he or she has the authority to authorize the appointment of the SA specified above in this request.

Entity Name: \_\_\_\_\_ Entity No. \_\_\_\_\_

Approved By (print name): \_\_\_\_\_

Approver's Signature: \_\_\_\_\_

(NOTE: The approver must be an officer/Partner/Managing Member of the Company)

Approver's Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Please e-mail the completed form to NFG\_GM@natfuel.com.**

Contact Tracey Williams, NFG GM System Administrator, at (716) 827-5506 or by email at williamst@natfuel.com with any questions or concerns.