**USDA – FNS**

**Credentialing Application**

**Experian Information Solutions Division**

**Important: All information must be completed in its entirety.** Please print clearly and legibly to ensure accurate and timely processing.

For questions about completing this form, please email: publicsectorclientmanagement@experian.com

Please email the completed application to: publicsectorclientmanagement@experian.com

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| **Participating Agency Information** |  |  |
| Legal/Participating Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Type of Agency: Federal State |  |  |
| Government Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Primary Administrator contact name, title, address, and phone: \_\_\_\_\_\_\_\_  |  | Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Primary Technical contact name, title, address, and phone:  |  | Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other contact name, title, address, and phone:  |  | Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Participating Agency Primary Physical Address (**no P.O. box numbers please):** City: State: Zip : Primary Phone: ( ) Fax: ( )  |
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| **Permissible Purpose/Appropriate Use** | **(Application will not be processed unless this information is provided.)** |
| Provide detailed description of your use of Experian products and consumer data. Also, describe the nature of your business interaction with consumers. |
| **\_Determination of eligibility for a government benefit** |
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| **Head Designate for Internet Access** |  |
| Full Name & Title**:\_** Email Address:\_ \_Phone Number: ( ) \_\_\_\_\_ Signature (if different from below):\_\_\_ User ID – First Choice (minimum 6 characters) \_\_\_\_\_\_\_\_User ID – Second Choice (minimum 6 characters) \_\_\_\_\_\_\_User ID – Third Choice (minimum 6 characters) \_\_\_\_\_\_\_This form is to be used by Experian to identify the individual that will act on behalf of the Client in regard to end user access to Experian’s systems. Client’s Security Designate will submit all requests to create, change or lock Client employee end user access to accounts and permissions associated with Experian’s systems and information via the Internet. The Security Designate must be an authorized representative of the Client’s organization and must be available to interact with Experian on information and product access matters in accordance with the attached Experian Security Requirements, as applicable. Such requirements may be updated from time to time by Experian in accordance with the terms therein. This Security Designate Authorization Form must be signed by a duly authorized representative of the Client.All clients acknowledge 1) has received the Experian Security Requirements, 2) has read and understands the Clients’ obligations described in the Experian Security Requirements, 3) will communicate the contents of the Experian Security Requirements and any subsequent updates thereto to all employee end users that shall have access to Experian’s systems and information, and 4) will abide to the provisions of the Experian Security Requirements. Changes in Security Designate status (e.g., transfer or termination) are to be reported to Experian immediately. On an annual basis Experian will require the Security Designate to attest to the accuracy and currency of the status of the employee end users that access accounts and permissions to Experian’s systems and information. Attestation must be completed within 30 days of notification to Client, or the Security Designate will be prohibited from accessing Experian’s systems and information until such attestation is complete. In the United States, clients are allowed to have up to three (3) Security Designates on file. If the client already has three security designates on file, one will need to be removed before adding a new Security Designate. |
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|  **If this application involves use of consumer credit products, then the following shall apply:** I have read and understand the **“FCRA Requirements”** notice and **“Experian Security Requirements”** and will take all reasonable measures to enforce them within my facility. I certify that I will use the Experian product information for no other purpose other than what is stated in the Permissible Purpose/Appropriate Use section on this application and for the type of business listed on this application. I will not sell the report to any consumer directly or indirectly. I understand that if my system is used improperly by personnel, or if my access codes are made available to any unauthorized personnel due to carelessness on the part of any employee of my agency, we may be held responsible for financial losses, fees, or monetary charges that may be incurred and that our access privileges may be terminated. I certify that I have read the above statements and all information provided is accurate.\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Legal/Participating Agency Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Authorized Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Authorized Signer Title |