REPRODUCE LOCALLY. Includ	e form number and date o	n all reproductions.		
AD-2017 U.S. DEPARTMENT OF AGRICULTURE			Request Date	
(11-15-01)				
SERVICE CENTER II	NFORMATION MAN	AGEMENT SYSTEM (S	SCIMS) ACCESS FORM	
INSTRUCTIONS: Please comple	ete a separate form for eac	h employee.		-
2. Employee Name (Last, First, I	MI)	3. Social Security No.	4. State FIPS Code	5. County FIPS Code
6. Type of Employee (Check On	e)	7. Agency (Check One)	8. State Name	9. County Name
Permanent Federal		□FSA		
Permanent County Office		NRCS		
Temporary Federal		□RD		
Temporary County Office		Other (Specify)		
Other (Specify)				
10. Type of Access Requested:				
Full Access (Employee	complete Item 11)	☐ View Only Access	S	
_				
11. Certification by Employ	yee			
Dry signing this form I a	antifu that I have madeiv	ad tuainina by a USDA En	malariaa riika kaa authamitii ta	amont may use of the SCIMS
			nployee who has authority to g	hanges to customer's core data.
			ental business as a necessary p	
United States Departmen				
Employee Signature		Date		
12. Certification by Securit	tv Officer			
·	•			
			received sufficient training of	
conduct official USDA b		his USDA employee perm	nission to obtain a password to	access the SCIMS database to
conduct official OSDA o	Justiless.			
Security Officer Signatur	re	Date		
13. Revocation of Authority	y			
The authority for the above-n		rad on the day shown halo	NY .	
	amed person was level	ed on the day shown belo	· vv .	
A. Security Officer Signature			B. Date	

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