

**UNITED STATES DEPARTMENT OF AGRICULTURE  
MARKETING AND REGULATORY PROGRAMS**

**ACTIVE DIRECTORY USER ACCOUNT  
PROVISIONING REQUEST FORM**

The information collected will be used to submit a System Authorization Access Request (SAAR) to CEC for the creation of non-privileged active directory (AD) user accounts or transfer of accounts between MRP and other USDA agencies. Five business days advance notice is **required** for all new user account creations/transfers. Supervisors (or their acting/designee) or RMO should email the signed form (as an attachment) with as much information completed to the agent who sent it to you or send to: **Help@USDA.GOV** . This form is for MRP internal use only.

**User Contact Information**

*(All information is required)*

1. EMPLOYEE NAME <i>(Last, First, MI)</i>	2. JOB TITLE
3. CITY/STATE	4. AGENCY
5. ORGANIZATION/DIVISION/PROGRAM	6. DEPARTMENT/BRANCH
7. SITE ID	8. OFFICE ID
9. PHONE NUMBER	10. ROOM NUMBER

**Type of Action Needed**

*(One use per form only)*

11. ADD NEW USER ACCOUNT AND ACCESS <i>(select only one action)</i> FULL TIME    CONTRACTOR    INTERN    INTERMITTENT	11a. START DATE	11b. END DATE <i>(if intern or intermittent)</i>
12. UPDATE USER ACCOUNT INFORMATION  NAME CHANGE  PHONE NUMBER  SUPERVISOR CHANGE	13. MOVE USER ACCOUNT <i>(including interagency transfers)</i>  FROM APHIS/AMS PROGRAM  TO APHIS/AMS PROGRAM  TRANSFER ACCOUNT FROM APHIS/AMS TO <i>(insert new agency and remove access)</i>  TRANSFER ACCOUNT TO APHIS/AMS FROM <i>(insert new agency)</i>	
14. WILL USER NEED AN EMAIL ACCOUNT?    YES    NO	13a. IS TRANSFER TEMPORARY?    YES    NO	
	13b. IF YES, WILL USER NEED DUAL AGENCY ACCESS?    YES    NO	

**Account Access Privileges**

15. SHARED DRIVES <i>(server/drive/folder)</i>	
16. EMAIL DISTRIBUTION LISTS	
17. SECURITY GROUPS <i>(division or branch)</i>	
18. SHARED MAILBOX <i>(if applicable)</i>	
19. HARDWARE POINT OF CONTACT <i>(if known)</i>	20. HARDWARE POINT OF CONTACT PHONE NUMBER
21. SUPERVISOR NAME <i>(Last, First, MI) (COR if user is a contractor)</i>	22. SUPERVISOR PHONE NUMBER
23. SUPERVISOR SIGNATURE	24. DATE