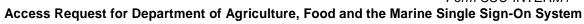---

Information

The applicant must complete Section 1A on Page 1.

The company authorising access for the applicant must complete Section 1B on Page 2 and post the completed form to the Department. The return postal address for completed application forms is at the bottom of this page.

Once this form has been completed and returned to the Department, the Company Administrator named in Section 1B will receive a letter detailing the Single Sign-On Username for the applicant.

This will be followed by a letter providing the Personal Unblocking Key (PUK) required to setup the applicant's secure Single Sign-On System account.

SECTION 1A – COMPLETED BY APPLICANT

(all fields are mandatory and should be completed in BLOCK CAPITALS)

Forename

Surname

Employee Number

This Employee Number is used to uniquely identify the employee within the company. It should be a payroll number, personnel number, works number or a company specific identifier.

Applicant declaration

I hereby apply for access to the Department of Agriculture, Food and the Marine Single Sign-On System.

I acknowledge that the data to which I will have access through the Single Sign-On System is confidential and is covered by the Data Protection Acts 1998 and 2003. I understand that this information should not be used for any other purpose.

Please register my details as above.

Signed: _____ *Date:* _____

Contact Telephone: _____

1

SECTION 1B – TO BE COMPLETED BY COMPANY ADMINISTRATOR

(all fields are mandatory and should be completed in BLOCK CAPITALS)

Companies Registration Office Number:
(6 digits assigned by CRO)

OR

Value Added Tax Number:
(8 characters assigned by Revenue)

Herd Number:

Company Name:

Company Address:

Company Administrator Declaration

I acknowledge that the data to which the applicant will have access through the Single Sign-on System is confidential and is covered by the Data Protection Acts 1998 and 2003. I understand that this information should not be used for any other purpose.

I undertake to inform the Department if the applicant no longer requires access or leaves the Company.

Signed: _____ **Date:** _____

Block Capitals: _____ **Job Title:** _____

Contact Telephone: _____

2

SECTION 2 – FOR DAFF OFFICE USE ONLY

SSO Username allocated

Associated CCS Customer

REDS Username

REDS Herd Number

Date user CREATED on SSO

Date USERNAME letter POSTED

Date PUK letter POSTED

ITSU Administrator Username

ITSU Administrator Signature

ITSU Completion Date

ITSU Notes