

This form is available electronically.

SCM2 (04-06-2015)		U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency			INSTRUCTIONS: Please complete a separate form for each employee.	Request Date:
Web-Based Supply Chain Management (WBSCM) System ACCESS AUTHORIZATION FORM						Request Type: (Circle one)
					ADD	MODIFY
Organization/Company	Organization Type (Vendor, FF, F Agent, Stevedore, Processor, Storage Provider, PVO, etc)			Organization/Company Fax No. (Include Area Code):		
Organization/Company Address	City	State/Country	Zip Code	Time Zone	Organization/Company Phone No. (Include Area Code):	
User First & Last Name	User Phone No. (Include Area Code):		User Email Address			
Access Start Date:			Access End Date:			

WBSCM ACCESS EXTERNAL ROLES (check all that apply)

Vendor		PVO	
<input type="checkbox"/>	Corporate Vendor Administrator	<input type="checkbox"/>	Order Manager
<input type="checkbox"/>	Commodity & Service – All Activities	<input type="checkbox"/>	Transportation Specialist
<input type="checkbox"/>	Freight – All Activities	<input type="checkbox"/>	Complaint Specialist
<input type="checkbox"/>	Inspection Results	<input type="checkbox"/>	View Only - International
<input type="checkbox"/>	Invoice Processor	Freight Forwarder	
<input type="checkbox"/>	ASN Dispatcher	<input type="checkbox"/>	Freight Forwarder
<input type="checkbox"/>	Commodity Offer	<input type="checkbox"/>	View Only
<input type="checkbox"/>	Freight Offer		
<input type="checkbox"/>		Ports	
<input type="checkbox"/>		<input type="checkbox"/>	Port Representative
Price Support		<input type="checkbox"/>	Stevedore
<input type="checkbox"/>	Organization Administrator	<input type="checkbox"/>	Stevedore_POC
<input type="checkbox"/>	User Administrator		
<input type="checkbox"/>	View Only		

Additional Information:

Print Administrator's Name:	Administrator's Phone No. (Include Area Code):	Administrator's Email Address:
Administrator's Signature		Date (MM-DD-YYYY):
Program Area Authorized Signature		Date (MM-DD-YYYY):
BOSD Application Security Administrator's Signature		Date (MM-DD-YYYY):

WHERE TO SUBMIT ACCESS AUTHORIZATION FORM (WBSCM), SCM2
 FSA Business Operations Support Division
FAX: 816-926-1648
Email: WBSCMSecurity@kcc.usda.gov