

This form is available electronically.

SCM2 (02-01-12)		U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency			INSTRUCTIONS: Please complete a separate form for each employee.	Request Date:
Web-Based Supply Chain System (WBSCM) ACCESS AUTHORIZATION FORM						Request Type: (Circle one) ADD MODIFY DELETE
Organization/Company		Organization Type (Vendor, Processor, Storage Provider, etc)			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"/>	Port Representative	<input type="checkbox"/>	View Only - International
<input type="checkbox"/>	Inspection Results	Freight Forwarder	
<input type="checkbox"/>	Invoice Processor	<input type="checkbox"/>	Freight Forwarder
<input type="checkbox"/>	ASN Dispatcher	<input type="checkbox"/>	View Only
<input type="checkbox"/>	Commodity Offer	<input type="checkbox"/>	
<input type="checkbox"/>	Freight Offer	<input type="checkbox"/>	

Price Support

<input type="checkbox"/>	Organization Administrator	<input type="checkbox"/>
<input type="checkbox"/>	User Administrator	<input type="checkbox"/>
<input type="checkbox"/>	View Only	<input type="checkbox"/>

Additional Information:

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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