



Security Administrator Contact Information

PLEASE E-MAIL THIS FORM TO:
BIT@ers.state.tx.us

Please print clearly

Agency Number	Agency Name

SECURITY ADMINISTRATOR

Name	Phone
E-mail address	Fax
Interagency Mailing Address	Postal Mailing Address
Please check one	
<input type="checkbox"/> Need new SecurityID for primary administrator <input type="checkbox"/> Providing new information for existing SecurityID	

BACKUP SECURITY ADMINISTRATOR

Name	Phone
E-mail address	Fax
Interagency Mailing Address	Postal Mailing Address
Please check one	
<input type="checkbox"/> Need new SecurityID for backup administrator <input type="checkbox"/> Providing new information for existing backup SecurityID	

Form submitted by	Title
(printed name - if different from Security Administrator)	

Signature

Date