



RPA CHANGE IN ADMINISTRATOR FORM

Remote Public Access (RPA) Licensee: _____

I. LICENSEE ADMINISTRATORS

In the “Current Administrator” section, indicate the name and administrator ID of the person to be replaced. In the “New Administrator” section, give the listed information for the newly authorized administrator.

	<i>Current Administrator</i>	<i>New Administrator</i>
Name		
Administrator ID		
Mother’s Maiden Name		
SSN (Last 4 digits)		
Phone		
Fax		
Email Address		

II. LICENSEE SUBDIVISIONS

Unless specified on this document, this Agreement shall apply to any of LICENSEE’s subdivisions, departments, and subordinate agencies.

III. SIGNATURE

Note: This form MUST be signed by either the person who signed the original licensing agreement or a currently designated contact person, not by an administrator or other company personnel.

Typed or printed name of licensee signatory authority or designated contact person

Title of licensee signatory authority or designated contact person

Signature of licensee signatory authority or designated contact person

Date