This form is available electronically.

SCM2
(04-06-2015)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

Web-Based Supply Chain Management (WBSCM) System
ACCESS AUTHORIZATION FORM

INSTRUCTIONS: Please complete a separate form for each employee.

Request Date:

Request Type:
(Circle one)

ADD   MODIFY   DELETE

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**	
	Corporate Vendor Administrator		Order Manager
	Commodity & Service – All Activities		Transportation Specialist
	Freight – All Activities		Complaint Specialist
	Inspection Results		View Only - International
	Invoice Processor	**Freight Forwarder**	
	ASN Dispatcher		Freight Forwarder
	Commodity Offer		View Only
	Freight Offer		
		Ports	
			Port Representative
Price Support			Stevedore
	Organization Administrator		Stevedore_POC
	User Administrator		
	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