



**SECURITY ADMINISTRATOR(S) FOR OFM'S Disclosure Form Application**

AGENCY #: \_\_\_\_\_ AGENCY NAME: \_\_\_\_\_

*The following individuals are designated as Security Administrator(s) for the Disclosure Form Application. They are authorized to assign security for individuals within this agency.*

<i>Add</i> <i>Delete</i>
First Name: _____ Last Name: _____
Email: _____
Are you currently a Financial Toolbox User? <span style="float: right;">Yes      No</span>
If so, do you want the same Logon ID and Password in the Disclosure Form Application? <span style="float: right;">Yes      No</span>
Toolbox Logon ID: _____
<i>Add</i> <i>Delete</i>
First Name: _____ Last Name: _____
Email: _____
Are you currently a Financial Toolbox User? <span style="float: right;">Yes      No</span>
If so, do you want the same Logon ID and Password in the Disclosure Form Application? <span style="float: right;">Yes      No</span>
Toolbox Logon ID: _____

\* The Disclosure Form Logon ID is generally your email address, unless you've indicated above that you want to use your Toolbox Logon ID.

**APPROVAL OF AGENCY DIRECTOR OR DESIGNEE:**

Date \_\_\_/\_\_\_/\_\_\_\_\_  
 Signature \_\_\_\_\_  
 Printed Name \_\_\_\_\_  
 Title \_\_\_\_\_

Send signed form to: [ofmaccounting@ofm.wa.gov](mailto:ofmaccounting@ofm.wa.gov) or  
 Disclosure Form Manager  
 OFM Accounting Division, SWA  
 PO Box 43113  
 Olympia, WA 98504-3113

OFM USE ONLY: Security entered by _____	Date ___/___/_____
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