10A040
(01 -00)

AUTHORIZATION TO PROVIDE NEW PASSWORD

DEPARTMENT OF REVENUE, SECURITY OFFICE
501 HIGH ST., STATION 17, FRANKFORT, KY 40620

THIS INDIVIDUAL REQUIRES A NEW PASSWORD IN ORDER TO CONTINUE TO PERFORM THEIR ASSIGNED DUTIES. PLEASE PLACE AN "X" IN THE BOX IN FRONT OF THE SYSTEM A NEW PASSWORD IS BEING REQUESTED FOR. IF FURTHER ASSISTANCE IS REQUIRED, PLEASE CONTACT THE SECURITY OFFICE AT (502) 564-5200 OR FAX NUMBER (502) 564-5090.

☐ KYIMS (Mainframe) ☐ NT DOMAIN
☐ ALPHA ☐ OTHER _____
ENTER THE NAME OF OTHER SYSTEM

CONTACT PERSON:_____
NAME OF PERSON YOU SPOKE WITH

DATE YOUR PASSWORD WAS RESET: _____
DATE RESET

- SIGNATURES MUST BE IN INK - PRINT IN INK OR TYPE ALL OTHER INFORMATION
- USER INFORMATION AND AUTHORIZATION INFORMATION MUST BE COMPLETED
- BOTH EMPLOYEE AND AUTHORIZING SIGNATURES ARE REQUIRED

USER INFORMATION

(LAST, FIRST, MIDDLE NAME) (SSN) (PHONE/EXTENSION) (USERID)

(ORGANIZATION-FULLY IDENTIFY) (EMPLOYEE SIGNATURE) (DATE SIGNED)

AUTHORIZING MANAGER\\SUPERVISOR INFORMATION

(AUTHORIZING NAME(PLEASE PRINT)) (PHONE/EXTENSION)

(AUTHORIZING SIGNATURE) (TITLE) (DATE SIGNED)

THIS INDIVIDUAL (DOES) (DOES NOT) REQUIRE
ADDITIONAL TRAINING, BY THE SECURITY OFFICE.

THIS USERID AND PASSWORD IS SUBJECT
TO BE SUSPENDED/REVOKED WITHIN FIVE
WORKING DAYS FROM THE DATE THE PASSWORD
IS RESET, IF THIS FORM IS NOT RECEIVED
BY THE SECURITY OFFICE.

SECURITY OFFICE USE ONLY

NEW PASSWORD ASSIGNED:_____ DATE SIGNED: _____
DATE USER NOTIFIED: _____