
Section 2: Confirmation of responsibilities

By signing below, I confirm that I:

- Have authority to act and manage FOM access on behalf of the Forest Client ID holder.
- Have experience managing user access in other software systems or have familiarized myself with the use of FAM.
- Understand the responsibilities of the Delegated Administrator role, including:
 - Managing user access requests for my organization.
 - Approving or revoking user access as needed.
 - Acting as the primary contact for access-related inquiries for my organization.

Signature of Candidate (Primary):

**signature can be electronic*

Signature of Candidate (Alternate):

**signature can be electronic*

| _____ | _____ | | _____ | _____ |
Signature *Date* *Signature* *Date*

Section 3: Authorization by Forest Client ID holder

By signing below, I confirm that I have the authority to assign the above-named individual or individuals to act as the Delegated Administrator or Administrators on behalf of my organization.

Full Name of Approver: _____

Job Title: _____

Organization: _____

Email: _____

Phone: _____

Signature of Approver

**signature can be electronic*

| _____ | _____ |
Signature *Date*

Section 4: For office use only

Field	Details
Date form received	_____
Processed by	_____
Delegated Administrator role assigned (Yes/No)	_____
Confirmation sent to authorized representative (Yes/No)	_____