



tra-governmental Payment and Collection System

Master Administrator Designation Form

MA - check one box:
 New Request
 Revoke

Master Administrator

Name (First, Middle Initial, Last) _____
 Agency/Department Name _____
 Bureau _____
 Street Address 1 _____
 Street Address 2 _____
 City, State Zip code _____
 Country _____ E-mail Address _____
 Telephone Number _____

Please check **one** of the following: Is this Master designated at Agency/Department Level
 Bureau Level

Complete the appropriate table(s) below, providing the Agency Location Codes (ALCs) of the Master Administrator.

ALC	ALC	ALC	ALC

 Name of CFO or Deputy CFO Signature of CFO or Deputy CFO Telephone # Date

For FMS Administrator USE ONLY: (Complete this section when you have completed a review of the request)			
_____ FMS Administrator Name	_____ FMS Administrator Signature	_____ Telephone #	_____ Date

Fax completed form, along with the signed Responsibility Agreement, to the
 Treasury Support Center at 314-444-7346



Due Diligence Guidelines

It is very important to verify the identity of the Federal Program Agency¹, their Master Administrator², Agency Administrator³, and End User⁴. The general rule is the more sensitive the information, the more exhaustive the verification process.

1. The Federal Program Agency will provide a name of a Master Administrator (MA) per agency bureau or department designated with the authority to determine whether an Agency Administrator (AA) should be authorized as an Agency Administrator for the IPAC application(s).

2. The Master Administrator will designate one support contact as Agency Administrator. The individual identified as Agency Administrator must have the level of authority at the Federal Program Agency to determine whether an End User should be given access to the requested IPAC application(s).

Note: A Master Administrator cannot be a User or an Agency Administrator.

3. After the Master Administrator has received a completed designation request, and signed Responsibility Agreement form from the Agency Administrator; in the future, the MA can approve the AAs access in the Treasury Web Application Infrastructure (TWAI) User Provisioning Service (UPS), initially FMS will accept completed AA Designation Forms from the MA, and issue the AA(s) their IPAC application(s) and functional roles.

4. Once the AA has received a signed user request form from the user; in the future, the AA can approve access in the TWAI, FMS will accept completed forms from the AA and issue the AA users IPAC application(s) and functional roles.

5. Request Forms containing the name and other required identification of the individual End User requesting a Logon ID and application access will be completed by either the End User or the Agency Administrator, or Master Administrator. The responsible Administrator must verify the End User and can be authorized to access the application(s), which have been requested. At a minimum, this will require the signature of the End User's management on the Request Form. Other existing procedures may also be used.

Note: If the AA Administrator is also an End User, an alternate Agency Administrator should verify the request.

6. After the End User is verified and the request is authenticated, the Administrator can then process the request.

¹ **Federal Program Agency** – business entity requiring access to the IPAC system.

² **Master Administrator** - term for the individual(s) identified formally by the CFO or Deputy CFO as trusted to authorize requests for other individual(s) at their Agency to access the IPAC system on their behalf.

³ **Agency Administrator** – term for the individual(s) identified formally by the Master Administrator as trusted to authorize requests for other individual(s) at their Agency to access the IPAC system on their behalf.

⁴ **End User** – an individual person employed by a Federal Program Agency who has a business need for access to the IPAC system.



Master Administrator Responsibility Agreement

This form is in compliance with the Privacy Act of 1974 (Section 552a, 5 U.S.C.), Section 301, 5 U.S.C., Section 3105, 44 U.S.C., 18 U.S.C. 3056, and the Treasury Departmental Offices Directive DO 216. The information you provide on this form will be used principally to aid in the completion of your access request to FMS systems. All or part of this information may be furnished to Federal, State, local and public agencies in the event a violation of law is disclosed.

Completion of this form is voluntary; however, failure to complete the form requested will result in no consideration for access to FMS systems. Although no penalties are authorized if you do not provide the requested information, failure to supply information will result in your not receiving access to FMS systems.

Responsibilities:

I am aware that the *Financial Management Service (FMS)* policy is to treat all information as an asset, whether it is computer programs, software, data or other information collected, stored, and generated in the conduct of its business. To the best of my ability, I will protect information from unauthorized use, modification, destruction, or disclosure, whether accidental or intentional.

I am aware of the policies and requirements of FMS and agree to abide by them.

I will NOT attempt to circumvent any of the security mechanisms within the User Provisioning Service (UPS) and IPAC system.

I will safeguard Logon IDs and Passwords entrusted in my control.

I will ensure that proper authorizations on request forms are checked.

I will ensure that all fields on the request forms are complete and correct.

I will issue Logon IDs, Passwords and Access on a need-to-know basis.

I will ensure proper record keeping of all information processed.

I will comply with all security-related policies, standards, procedures and practices.

I will notify the Treasury Support Center at 866-809-5218 of any known or suspected violation of information security policy, procedures, or threat to IPAC resources.

Master Administrator ACKNOWLEDGMENT

I have read and understand the Master Administrator Responsibility Agreement and agree to abide by it.

Print Name: _____ Date: _____

Signature: _____

Agency / Bureau/ Department: _____

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