



State Office of Risk Management

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Agency Designation of RMIS Authorized Representative

Please use this form to designate representatives who are authorized to obtain user licenses and change license holders for the Risk Management Information System (RMIS). Please email the signed and completed form to ServiceDesk@sorm.texas.gov.

I. Agency Information

Please complete the agency name, agency number, and any other agency numbers you are responsible for entering claims information, such as agencies that were previously merged with your agency. This information is important to ensure you have complete access to your agency's claims.

Agency Name: _____ Agency Number: _____
Additional Agency Number(s): _____

II. Designation of Authorized Representatives

Please complete the information for the person who will be authorized to make changes to license assignments to the RMIS. We recommend designating two people to minimize processing delays for new users.

Designee 1		Designee 2	
Name: _____	_____	Name: _____	_____
Title: _____	_____	Title: _____	_____
Work Phone: _____	_____	Work Phone: _____	_____
Work Email: _____	_____	Work Email: _____	_____

III. Submitter's Information

This form must be completed and signed by the authorized person on record to submit license requests. Forms completed by someone other than the person on record, may delay requests. Changes to the authorized representative must be made through the *Agency Designation of RMIS Authorized Representative* form.

Authorized Signature: _____

Name: _____ Email Address: _____
Title: _____ Date: _____