



DESIGNATION OF AGENCY PRIMARY RISK MANAGER (SORM-101)

Please use this form to designate an employee at your agency as the **Primary Risk Manager**. The Primary Risk Manager is SORM's main point of contact. There may be only **one** Primary Risk Manager per agency. Additional Risk Managers may be designated as you see fit.

Please Scan & Email completed form to ServiceDesk@sorm.texas.gov

Agency Number/Agency Name: _____
Effective Date of Change: _____
Previous PRM Name: _____

Completely remove previous PRM?

Yes No

New Primary Risk Manager (PRM) Information:

Name: _____
Title: _____
Email: _____
Phone: _____
Fax: _____

New Primary Risk Manager Signature/Date

Signature/Date (Agency Head or Previous Primary Risk Manager)

To insure optimal performance for fillable fields, please open this form in the desktop app.