



State Office of Risk Management
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(512) 475-1440, FAX (512) 370-9025 / WWW.SORM.TEXAS.GOV

Agency RMIS User License Request

This form may be used to deactivate users, add new users, or add new licenses for access to the Risk Management Information System (RMIS). This form must be completed and signed by the person of record who is authorized to submit license requests. Forms completed by someone other than person on record, may delay requests. Changes to the authorized representative must be made through the Agency Designation of RMIS Representative form. Please email the completed and signed form to ServiceDesk@sorm.texas.gov.

I. License Information

Do you need to deactivate a former user?

- ☐ Yes Enter name of former user: _____
- ☐ No

If you have a new user, please indicate below whether the new user will be filling a vacant license, replacing a former user, or if the new user requires an *additional* license to your current quantity. If you do not have a new user at this time, please skip to Section III.

The new user (please check one):

- ☐ Fills a vacant license ☐ Replaces a former user ☐ Requires an additional license*

*If your agency exceeds the number of allotted licenses, you may incur additional costs to your agency's annual assessment (currently \$225/license). New license requests between April 15 and August 31 cannot be activated until the next fiscal year.

II. New User Information

Enter new user information and include any additional agency numbers your agency is responsible for entering claims information, such as agencies that were previously merged with your agency.

Agency Name: _____ Agency #: _____

First Name: _____ Last Name: _____

Work Email: _____ Work Phone: _____

Work Address: _____

City: _____ TX Postal Code: _____

Are there other agency numbers you serve?

- ☐ Yes
- ☐ No

Enter additional agency numbers: _____

Please select the user type:

- ☐ Claims Coordinator ☐ Risk Manager ☐ Hybrid

See SORM's website for more information.

III. Authorized Requestor Information

Authorized Signature _____

Name: _____ Email Address: _____

Title: _____ Date: _____