

**Over the Counter Channel Application (OTCnet)
Primary Local Security Administrator (PLSA) Authorization Form**

The Officer of the agency identified below designates the following to serve as Primary Local Security Administrator (PLSA) and the following to serve as the Local Security Administrator (LSA) for the Over the Counter Channel (OTCnet) Application. Each PLSA may designate other individuals as Users or Local Security Administrators (LSAs). It is required that you have 1 PLSA and at least 1 LSA at the Agency/highest level of your hierarchy.

Section 1 – Request Type

Create New Agency, PLSA, and LSA
Rules of Behavior must also be submitted

Note: The PLSA and LSA User has access to maintain users and user permissions for OTCnet in TWA. PLSA and LSA User does not have access to confirm deposits. PLSA and LSAs may have no other OTCnet role

OR

Modify Agency or PLSA:

Change Agency Name or Acronym

Change PLSA Name

(current credentials will be deleted, new credentials will be issued)

Current Name: _____ Current Username: _____

Modify PLSA Information (only applies to PLSA's phone number or address)

Delete PLSA (attach an authorization form for a new PLSA)

Section 2 – Agency Information

Agency Name:

Agency Acronym: (10 characters maximum)

Section 3 – PLSA Profile

Each agency may have only one user designated as a PLSA.

PLSA's Name (First and Last)

PLSA's E-mail Address (not shared)

*Please ensure accuracy – email address is the unique identifier of a user

Phone Number (direct number to PLSA)

Street Address (PLSA location)

Street Address Line 2 (PLSA location)

City / State / Zip (PLSA location)

PLSA Activation Date (please check one)

Activate Immediately

Future Activation Date:

Section 4 – LSA Profile

Each agency must establish one user as their initial LSA, other LSA's can be added later.

LSA's Name (First and Last)

LSA's E-mail Address (not shared)

*Please ensure accuracy – email address is the unique identifier of a user

Phone Number (direct number to LSA)

Street Address (LSA location)

Street Address Line 2 (LSA location)

City / State / Zip (LSA location)

LSA Activation Date (please check one)

Activate Immediately

Future Activation Date:

Section 5 – Authorized Signature

By signing below, the authorized individual (normally the Director of the Office of Finance, Office of Accounting, or comparable unit) certifies that he/she is duly authorized by the agency to designate individuals who can serve as PLSA and LSA. The authorized individual also agrees to be responsible on behalf of the institution for all security management related to OTCnet access

The authorized individual signing this form cannot be designated as a PLSA or LSA on this form.

Name (print)

Signature

Title (required)

Phone

Date

Authorizing Officer's E-mail Address (not shared)

*Please ensure accuracy – email address is the unique identifier of a user

Please submit this completed request form to the Treasury OTC Support Center – Information Security.

Please note: The PLSA Form should be emailed to Information Security by the Officer that has signed this form.

Email Address for Information Security
FiscalService.OTCSecurity@citi.com