|  |  |
| --- | --- |
| OMES logo | Decentralized Security Representative Form (DSR) |

**SECTION I. Your division, area, county or unit information**

**The intended DSR should complete all fields and the unit director should print and sign their name and date.**

|  |  |
| --- | --- |
| **Division, area, county, or unit** | **Division Code** |
| **Area or County Number** | **Phone Number (with area code)** |
| **Site Street Address** | **City, State, Zip** |
| **Division, Area, or County Director, or Unit Administrator** | |
| Print Name Above | |
|  | |
| Director or Administrator Signature | Date |

**SECTION II. Authorize Decentralized Security Representative**

**The unit Director should enter the name, job title, phone number and unit of the intended DSR.**

|  |  |
| --- | --- |
| **Do you authorize a designee to define access controls to your data and user profiles?**  **If so, please indicate name of DSR below.** | |
| **DSR Name** | **Phone Number (with area code)** |
| **Job Title** | **Division, Area, County, or Unit** |

**SECTION III. Signatures**

|  |  |
| --- | --- |
| **I agree to serve as a DSR.** |  |
| DSR Signature | Date |