

**APHIS Local Registration Authority (LRA)  
Request for Training and Acknowledgment of  
Role Responsibilities**

**Section A. (LRA Candidate) Complete employee information for who is requesting authorization to become an LRA.**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Place of Duty**

Address (including City, State, and ZIP Code):

Telephone Number:

E-mail Address:

I, \_\_\_\_\_, the LRA candidate (employee), understand and agree to the following terms related to my role as LRA:

- 1) I will successfully complete the required LRA training and recertification training.
- 2) As a trained Agency LRA, I may be asked on occasion to proof customers not directly related to my individual APHIS program. I will be responsible for proofing the identity of customers requesting a Level 2 credential. All credential applications processed will retain my LRA identity for tracking purposes in the event questions arise regarding the credential holder.
- 3) I will not be performing the authorization function to APHIS business application(s).

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Section B. (Supervisor) Complete approval for the employee to complete LRA training and assume related LRA responsibilities.**

I, \_\_\_\_\_, the supervisor for the employee identified above, understand and agree to the following terms related to the LRA role:

- 1) The LRA candidate must be employed as a USDA APHIS Federal employee, i.e., paid by the National Finance Center. Candidate cannot be employed as a contractor, partner, or in any other employment capacity.
- 2) The LRA candidate will be authorized to complete the LRA training and any subsequent recertification training as necessary.
- 3) The LRA candidate will perform the authentication proofing for customers requesting a Level 2 credential. As a trained Agency LRA, there may be occasions in which the employee will be asked to perform proofing to customers not directly related to an individual APHIS program.
- 4) The LRA candidate will not be performing the authorization function to APHIS business application(s).

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date