

**Financial Certification Website  
Certification of Locality Reconciliation to Cardinal Reports  
Security Maintenance Form**

I hereby request to have security to the Financial Certification Website set up for my locality as specified below. I certify that this locality maintains a system of internal control over on-line access to the Financial Certification Website adequate to prevent unauthorized access to or changes in the data contained therein, and that the use of this form constitutes an integral part of that internal control system.

**Name:** \_\_\_\_\_ , \_\_\_\_\_  
**Locality:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Extension:** \_\_\_\_\_  
**E-mail Address:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

**Function:** \_\_\_\_\_

**User Information**

**User ID:** \_\_\_\_\_ **User Type:** \_\_\_\_\_  
**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Locality:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Extension:** \_\_\_\_\_  
**E-mail Address:** \_\_\_\_\_

**Security Access**

**Certifications:** \_\_\_\_\_  
**Reports:** \_\_\_\_\_  
**Deposits:** \_\_\_\_\_

**Access Localities**

**Department of Accounts Use Only**

The security maintenance specified above:

- Meets requirements specified in the CAPP Manual.
- Does not meet CAPP Manual requirements and will be returned to locality.

Data Entry by: \_\_\_\_\_ Date: \_\_\_\_\_  
DOA Review: \_\_\_\_\_ Date: \_\_\_\_\_