PLEASE CHECK ONE AND RETURN COMPLETED AND SIGNED FORM TO:

☐ **Yakima District**
WSDA Commodity Inspection Division
21 North First Avenue, Suite 226
Yakima, WA 98902 or Fax (509) 575-2537

☐ **Wenatchee District**
WSDA Commodity Inspection Division
270 9th Street N.E. Suite 101-A
East Wenatchee, WA 98802 or Fax (509)663-3030

_____
Shipper Number
(Refer to this on all correspondence)

REQUEST FOR ONLINE ACCESS TO C2P2

Check One: ☐ New Request ☐ Renewal Request ☐ Add/Remove Access

Firm Name:		**Email Address:**	
Mailing Address:		**Phone Number:**	
City, State, Zip:		**Fax Number:**	

Please list all names of all personnel authorized to access C2P2. After that, only add new names. All names will remain effective until the expiration date or until you notify WSDA that they are no longer authorized, and should be removed.

The person assigned the role of MAIN CONTACT should be someone with a vested interest in protecting the quality of operations at their business and in a position that has little turnover. ***Only a MAIN CONTACT can add and remove employees who are authorized to access C2P2****.*

PRINT NAME & TITLE OF MAIN CONTACT (Authorized Officer)

SIGNATURE OF MAIN CONTACT (Authorized Officer)

PERSONNEL AUTHORIZED ACCESS C2P2:

NAME (s) *Please Type or print clearly*	SIGNATURE (s) REQUIRED	NAME (s) *Please Type or print clearly*	SIGNATURE (s) REQUIRED

NAMES TO BE REMOVED:

Please Type or Print Clearly			

NOTE: If you have faxed the form; please mail original with signatures to the address at the top of this form. Keep a copy for your records.

AGR 6029 (R/5/2010)