

SecurID Request for Replacement

Locality Code _____

Office Code _____

Locality Name _____

Logon-ID _____

Name _____

E-Mail Address _____

Phone Number _____

I hereby request a replacement SecurID access token due to the loss of my keyfob or its failure to operate. I understand that my office may be charged for this replacement. I have returned the inoperable keyfob.

Signing this agreement is my acceptance of a SecurID keyfob as the device to access the Compensation Board's SNIP and LIDS systems. I will not share this keyfob or PIN with others. I further agree to surrender my keyfob when I leave employment in the locality/office where I am currently employed.

Signed by _____

Officer's Signature _____

To be completed by CB Security Personnel

Serial Number _____

Date Issued _____