



COMMISSIONER SID MILLER

Texas Department of Agriculture
Certificate of Authority for External Users

FND-101

SEC A	¹ CONTRACTING ENTITY (CE) NAME	
	Legal Name of Organization	DBA Name
² CONTRACTING ENTITY (CE) IDENTIFIER		
CE ID		Check here if new applicant to programs <input type="checkbox"/>

TO ADD A NEW USER OR MODIFY AN EXISTING USER, COMPLETE THE FOLLOWING:					
¹ USER INFORMATION <input type="checkbox"/> ADD NEW USER <input type="checkbox"/> MODIFY EXISTING USER					
First Name (Legal names only, no nicknames authorized)		Middle Initial	Last Name		
Title		TX-UNPS User ID (if modifying an existing user)			
Business E-mail (For new users, logon information will be emailed to this address.)		Business Phone () -		Extension	
Signature of User				Date (mm/dd/yy)	
² REPRESENTATIVE TYPE (Must be participating in Program.)					
SECTION B	School Nutrition Programs (SNP) Group <input type="checkbox"/>		Add	Remove	
	SNP CE Admin	<input type="checkbox"/>	<input type="checkbox"/>		
	SNP CE Support (Claims)	<input type="checkbox"/>	<input type="checkbox"/>		
	Food Service Management Company (FSMC) Representative	<input type="checkbox"/>	<input type="checkbox"/>		
	Food Distribution Program (FDP) Groups		Add	Remove	
	FDP CE Admin	<input type="checkbox"/>	<input type="checkbox"/>		
	FDP CE Direct Ship	<input type="checkbox"/>	<input type="checkbox"/>		
	FDP CE Non Coop Proc Sch	<input type="checkbox"/>	<input type="checkbox"/>		
	FDP Coop	<input type="checkbox"/>	<input type="checkbox"/>		
	FDP Processor/Broker	<input type="checkbox"/>	<input type="checkbox"/>		
	FDP Contracted Warehouse	<input type="checkbox"/>	<input type="checkbox"/>		
	FDP Food Bank	<input type="checkbox"/>	<input type="checkbox"/>		
	Child and Adult Care Food Program (CACFP) Groups		Add	Remove	
	CACFP <u>Center</u> CE Admin	<input type="checkbox"/>	<input type="checkbox"/>		
CACFP <u>Center</u> CE Support (Claims)	<input type="checkbox"/>	<input type="checkbox"/>			
CACFP <u>Day Care Home</u> (DCH) CE Admin	<input type="checkbox"/>	<input type="checkbox"/>			
CACFP <u>Day Care Home</u> (DCH) CE Support	<input type="checkbox"/>	<input type="checkbox"/>			
CACFP Read Only	<input type="checkbox"/>	<input type="checkbox"/>			
Summer Food Service (SFSP) Groups		Add	Remove		
SFSP CE Admin	<input type="checkbox"/>	<input type="checkbox"/>			
SFSP CE Support (Claims)	<input type="checkbox"/>	<input type="checkbox"/>			
SFSP CE Read Only	<input type="checkbox"/>	<input type="checkbox"/>			

TO REMOVE AN EXISTING USER, COMPLETE THE FOLLOWING:			
¹ USER INFORMATION			
SECC	First Name (Do not enter nickname)	Middle Initial	Last Name
	TX-UNPS User ID (if known)		

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

¹ APPROVAL SIGNATURE (Only required if adding or removing a user, or if changing security groups.)	
<p>The representative designated above, and myself, acknowledge that each is individually authorized on behalf of the contracting organization to make written agreements with the Texas Department of Agriculture (TDA) to operate a food program, to sign documents or reports about the agreement and to present claims for reimbursement, when appropriate, to the agency.</p> <p>By signing this document, we certify individually and collectively that to the best of our knowledge and belief, all documents submitted physically or electronically on behalf of the above named contracting organization pursuant to our participation in any and all programs administered by TDA, are/will be true and correct in all respects, that they are/will be available to support any and all claims and that we will not submit claims (excluding amended/adjusted claims) for goods or services for which we have already received payment. We recognize that we are fully responsible for any excess amounts which may result from errors made in relation to the completion and submission of claims. We are also aware that deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal laws.</p> <p>We further understand that user IDs and passwords are specific to the individual and will not be shared.</p>	
Name of Highest Contracting Entity Official (example: Superintendent, President of Board, etc.) (Print the full legal name and not a nickname)	
Signature of Highest Contracting Entity Official	Date (mm/dd/yy)

¹ TDA INTERNAL USE ONLY			
SECTION F	<input type="checkbox"/> Approved	Signature – TDA F&N Representative	Date (mm/dd/yy)
	<input type="checkbox"/> Disapproved		
	User ID Created	Date (mm/dd/yy)	
	User ID Deleted	Date (mm/dd/yy)	
User ID Updated	Date (mm/dd/yy)		

Please mail or fax this form to:
 Texas Department of Agriculture, Food and Nutrition Division,
 P.O. Box 12847
 Austin, TX 78711
 Fax No.: 888-203-6593