



Authorized Representatives Form

Company/Organization Name: _____

CE# or DC# _____

Modification Type:

- New Access List Replace any currently existing list with this one.
- Additions/Modifications Add/Change the following individuals on the current access list.
- Removals Remove the following individuals from the current access list.

Name:		Permissions: <input type="checkbox"/> RH <input type="checkbox"/> ACC <input type="checkbox"/> AV <input type="checkbox"/> SVC <input type="checkbox"/> RH2 <input type="checkbox"/> POC
Phone:	Phone2:	Email:

Name:		Permissions: <input type="checkbox"/> RH <input type="checkbox"/> ACC <input type="checkbox"/> AV <input type="checkbox"/> SVC <input type="checkbox"/> RH2 <input type="checkbox"/> POC
Phone:	Phone2:	Email:

Name:		Permissions: <input type="checkbox"/> RH <input type="checkbox"/> ACC <input type="checkbox"/> AV <input type="checkbox"/> SVC <input type="checkbox"/> RH2 <input type="checkbox"/> POC
Phone:	Phone2:	Email:

Name:		Permissions: <input type="checkbox"/> RH <input type="checkbox"/> ACC <input type="checkbox"/> AV <input type="checkbox"/> SVC <input type="checkbox"/> RH2 <input type="checkbox"/> POC
Phone:	Phone2:	Email:

RH	Authorized to request basic remote hands services (no fee)
ACC	Authorized to physically access the organization's equipment in the facility
AV	Authorized to authorize one-time visits for persons not listed on the access list
SVC	Authorized to request new services (cross-connects and power) (fee)
RH2	Authorized to request advanced remote hands services (fee)
POC	Authorized to alter the organization's access list. This level automatically includes all previously listed levels

The Primary Contact agrees that the above listed individuals are hereby authorized to act as a representative for the Primary Contact's organization, and can access the organization's equipment and make requests, as specified, to Operations on behalf of the organization. Access list entries can be updated through the <https://csp.he.net/> portal.

POC Signature: _____

Date: _____

Print Name: _____