

UNITED STATES DEPARTMENT OF AGRICULTURE  
MARKETING AND REGULATORY PROGRAMS

UNIFORM REQUEST AUTHORIZATION

1. DATE:

2. EMPLOYEE NAME:

3. ACTION:

- ☐ Create New Account ☐ Delete Account
- ☐ Address/Telephone Number Change
- ☐ Allocation Change
- ☐ Email Address Change
- ☐ Other (*Specify*):

4. REMARKS (*Optional*):

The requirement of the employee signature below varies per program area. If the supervisor does not require the employee signature, check the n/a box.

5. EMPLOYEE SIGNATURE:

☐ N/A

6. DATE:

Supervisory Approval

7. ☐ Approve  
☐ Disapprove

8. REMARKS (*Optional*):

9. SUPERVISOR/AUTHORIZED OFFICIAL NAME:

10. SUPERVISOR/AUTHORIZED OFFICIAL SIGNATURE:

11. DATE:

**This form and the accompanying User Account Spreadsheet must be submitted to your Program Uniform Contact for processing. See the MRP Uniform Portal Site for more information.**