Local Programs Management System Access Authorization Form

Access to The Local Programs Management System requires a Username and Password. Please complete this form to set up access to manage local projects. The completed form should be sent to the LPMO Security Coordinator at LPMO@ncdot.gov.

IMPORTANT: All applicants are required to have a NCID to request access to the System. Please see Section 1 for information on obtaining a NCID.

Section 1 – NCID

NCID: _____

- ✓ Please contact your NCID Administrator to obtain a NCID. A list of administrators can be found at: Local Government Employee (Counties, City, Local Education Agencies, etc) or State Employee Registration (State Agencies, Organizations, Universities).
- ✓ NCIDs are **user specific and cannot be shared.** The account should be under your name and email address.

Section 2 – Applicant Information

First Name:_____ Last: _____

Agency Name: _____ Email: _____

Title: _____ Telephone: _____

Agency Address: _____

Remittance Address: _____

Note: *Remittance address is the official location for payment. Invoices and backup documentation will need to match the remittance address. Error in identifying the correct location will result in delayed payments.*

Section 3 – Access Request Information (select one)

☐ ALL ROLES (includes the following):

- Submit PID Application (*allows you to request an agreement*)
- View Agreement & Submit Documentation (e.g. Plans & Specifications, Cost Proposals)
- Create/Submit Reimbursement Request/Claims
- Create/Submit Change Request (Amendment/Revision) (*used to request funding authorizations or a supplemental agreement*)

☐ Display/View Roles Only (*for staff who do not need to submit documents and only want to review information available. This role will not allow any workflow activities*)

I certify the information above is accurate, and I am the authorized person to perform the duties listed:

Print Name: _____

Signature: _____

I approve the above staff member to have access to the Local Project System on behalf of our Agency:

Authorized Official Signature: (REQUIRED)_____

Section 4 - For LPMO Use Only

SAP Vendor Number: _____ Business Partner: _____