

Powell Bill Reporting System Access Authorization

The Powell Bill reporting system (PBRs) is used to complete a variety of work such as submitting the Certified Statement, Streets Listing, digital map, the Expenditure and Fiscal Data Report. To be granted access to the system, please complete this form.

After your application has been processed, SAP Security will email your personal User ID and temporary password for the PBRs. You must create a new password prior to logging into the PBRs for the first time.

A separate form is required for each individual user and sharing an individual account is prohibited. The completed form should be emailed to the Powell Bill Unit at NCDOT_PowellBill@ncdot.gov.

Please ensure that you fill in all of the blanks below, if no information or not applicable, please enter N/A.

Section 1 – User ID Information

First Name: _____ Last Name: _____

Title: _____ Email: _____

Telephone: _____ Ext.: _____

Are you a primary Powell Bill contact person for the municipality? Yes No

Do you have an existing EBS Account? Yes No If Yes, list the user ID _____

New Users Only: Please remember this number. This is used to verify your identity and retrieve your information if you forget your password. We suggest using any unique number. 8-digit Security Code: _____

Section 2 – Job Function Permissions (select one)

- Display ONLY** – (Z:GM_PB_SR_DISPLAY_ALL_COMP)
- Display/Create/Submit/Change – Certified Statement (Agreement) –(Z:GM_PB_SR_AGREEMENT_COMP)
- Display/Create/Submit/Change – Powell Bill Expenditure or Fiscal Data Report (Change Request)– (Z:GM_PB_SR_MUN_FISCAL_RPT_COMP)
- Display/Create/Submit/Change – **ALL** – (Z:GM_PB_SR_AGREE_MUN_FI_COMP) & (CRM Business Role for all= ZPOWAP)

Section 3 – Municipality Information

Municipality: _____

Municipality Mailing Address: _____

Municipality Telephone: _____ Municipality Email: _____

Mayor's Name: _____ Clerk/Administrator's Name: _____

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

Applicant's Name (Please print): _____

Applicant's Signature: _____ Date: _____

Authorized Official Signature (Usually the Mayor) : _____