

CAPRAD System New User Form Applicant

User ID:	<input type="text"/>	Address1:	<input type="text"/>
Name:	<input type="text"/>	Address2:	<input type="text"/>
Role:	<input type="checkbox"/> Applicant	City:	<input type="text"/>
		State:	<input type="checkbox"/> Zip Code: <input type="text"/>
		Email:	<input type="text"/>
Region:	<input type="text"/>	Telephone:	<input type="text"/>
Organization:	<input type="text"/>	Validation Field:	<input type="checkbox"/> City of Birth <input type="checkbox"/> Date of Birth <input type="checkbox"/> Mother's Maiden Name
		Validation Value:	<input type="text"/>

Proxy: Yes No

I agree to use the CAPRAD System and its associated resources legally and responsibly.

Signature: _____ Date: _____

RPC Manager (endorsement): _____ Date: _____