

CAPRAD System New User Form

User ID: Address1:

Name: Address2:

City:

Role: Regional Manager State: Zip Code:

Regional Planner

Regional Associate

Applicant

Coordinator (PSCC) Email:

Region: Telephone:

Organization:

Validation Field: City of Birth

Date of Birth

Mother's Maiden Name

Validation Value:

Application Review

Authority: Yes No

Proxy: Yes No

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

Signature: _____ Date: _____

RPC Manager (endorsement): _____ Date: _____