



Processing Levels

Agent Number Company Number
(Same as level 4) (Same as level 5)
Division Number Department Number
(Same as level 6) (Same as level 7)

Reporting Levels (List levels to which cardholder reports. If Reporting Levels does not exist for the cardholder, leave fields blank.)
Level 1 00012 Level 2 01201 Level 3 ----- Level 4 ----- Level 5 ----- Level 6 -----
Level 7 -----
(Same as Agent Number) (Same as Company Number) (Same as Division Number)
(Same as Department Number)

Legal First Name MI Legal Last Name
Office Address Line 1 (Maximum of 36 characters) City
Office Address Line 2 (Maximum of 36 characters) State
Zip Code Work Phone Email
Third Line Embossing Embossing is mandatory, APC or CCSC will reject forms with blank fields. The first 4 characters are embossed on the card.
 Yes No Is the Card Account Holder a Foreign National? Yes No Are Convenience Checks Necessary?
Agency/Division/Office
(21 Characters Max)

Accounting Code and Authorization Limits *BOC: 2670

Default Accounting Code: Copy and Paste the Default Accounting Code directly from Access Online

Authorization Limits *Budget Object Classification (BOC) will always be 2670

Monthly Office Limit (Account Credit Limit) Single Purchase Limit

Yes No Is the Card Account Holder an APC or LAPC? Yes No Is the Card Account Holder an AO?
 Yes No Are the Necessary Training Certificates Attached?
I certify that I have completed all required training, understand the regulations and procedures, and know the consequences of inappropriate actions.

Cardholder
Signature: _____ Date: _____

Approving Official Information

First Name MI (Optional) Last Name

Yes No Is this individual a Supervisor of Record?
*If No, provide name and grade of Supervisor of Record. Please provide rationale if the AO is not the supervisor of record, and attach the Approving Official Request Form.

Name Grade
Rationale

Agency/Division/Office
Office Address Line 1 (Maximum of 36 characters) City
Office Address Line 2 (Maximum of 36 characters) State
Zip Code Work Phone Email

Yes No Is a copy of the AXOL training certificate attached? Yes No Is the Approving Official Appointment Request Form Attached? (Only if required)
I certify that I have completed all required training, understand the regulations and procedures, and know the consequences of inappropriate actions. If the form is not required per the information entered above, leave this checkbox blank.

Approving Official
Signature: _____ Date: _____

To avoid a rejected form, all signatures must be dated within 30 days of submitting to APC or CCSC for final approving