Designated Agent User Agreement

Please print clearly

Section 1: MIRCal Designated Agent User Information *(all information is required)*

1. DESIGNATED AGENT BUSINESS NAME:

2. NAME OF MIRCAL DESIGNATED AGENT USER (FIRST, MIDDLE INITIAL, LAST AND CREDENTIALS):

3. POSITION (TITLE):	4. SUPERVISOR NAME:

5. BUSINESS ADDRESS (MAILING ADDRESS):	6. UNIQUE EMPLOYEE IDENTIFIER: *Note: An identifier that uniquely distinguishes you within your organization.*

7. BUSINESS PHONE:	8. BUSINESS FAX:

9. EMAIL ADDRESS:

10. AUTHENTICATION WORDS: *Remember these words. You may be asked to identify yourself with this information if you call to reset your password.*

a. *Your mother's maiden name:*	b. *Your city of birth:*

I understand that as a Designated Agent User:
1. I can submit data and retrieve the status of the data on behalf of a facility.
2. My MIRCal user account may be inactivated after 270 consecutive days (9 months) of inactivity. Only OSHPD can reactivate my account.

By signing this document I acknowledge reading, understanding, and agreeing to its contents.

11. DATE:	12. USER SIGNATURE:

Section 2: Designated Agent Primary Contact Approval *(all information is required)*

13. PRINT NAME:	14. DESIGNATED AGENT "*PRIMARY*" CONTACT SIGNATURE:
15. DATE:	16. PHONE NUMBER:

The completed form shall be sent to OSHPD for each Designated Agent user needing MIRCal access. **Fax to: (916) 327-1262**

Section 3: For OSHPD use only

Date Received:	Date Authenticated/Enrolled:	By:
User Name:	Note:	

Please Note: The Facility Administrator or Primary Contact at each facility that you represent must complete and sign the Agent Designation Form (OSH-ISD-771) approving a Designated Agent to submit data on their behalf.

Designated Agent User Agreement Instructions

Make a copy of the completed form for your records.

SECTION 1: MIRCal Designated Agent User Information *(All fields must be completed)*-- **To be completed by a user (e.g. a third party acting on behalf of a facility) who is requesting access to MIRCal.**

1. <u>Name of Designated Agent</u>: Provide the name of your business.

2. <u>Name and Credentials of MIRCal Designated Agent User</u>: Provide full name and credentials (if applicable).

3. <u>Position (Title)</u>: Provide the position held in your organization.

4. <u>Supervisor Name</u>: Provide the name of your supervisor/manager.

5. <u>Business Address (Mailing Address)</u>: Enter the business address where you can receive mail.

6. <u>Unique Employee Identifier</u>: Provide an identifier that your facility uses that uniquely distinguishes you from other employees within your organization. (**e.g.** title, badge number, employee number, etc.)

7. <u>Business Phone</u>: Provide a phone number where you can be contacted.

8. <u>Business Fax</u>: Provide a fax number where you can receive faxes.

9. <u>Email Address</u>: Provide an email address where you can be contacted.

10. <u>Authentication Words</u>: The authentication words provided may be used to identify you in the event that a password reset is required. It is important to remember this information.
    a.   Provide your mother's maiden name.
    b.   Provide your city of birth.

11. <u>Date</u>: Provide the date of signature.

12. <u>User Signature</u>: If you acknowledge reading, understanding and agreeing to the contents of this document, provide your signature.

SECTION 2: Designated Agent Primary Contact Approval *(All fields must be completed)* – *To be completed by the Designated Primary Contact.*

13. <u>Print Name</u>: Print the name of the Designated Agent Primary Contact.

14. <u>Designated Agent Primary Contact Signature</u>: When the completed information is reviewed and approved, provide your signature indicating approval of person to use MIRCal.

15. <u>Date</u>: Provide the date that this user agreement was approved and signed.

16. <u>Phone Number</u>: Provide a phone number.

SECTION 3: **For** OSHPD Use Only