



REGISTRATION FORM DESIGNATION OF PMIS SECURITY OFFICER (PSO)

Instructions:

- **Primary Agency #** - Agency number the designated PSO is responsible for;
- **Secondary agency(s) #** - Others agencies under the responsibility of the designated PSO if applicable;
- **Action to be taken** – Select either “Add” or “Replace”, and select either “Primary” or “Backup”; enter the name of current PSO only if it is a replacement;
- **PSO Identification** – Enter the name, role, position #, work address and work phone number of the designated PSO;
- **Authentication of PSO** – All PSO(s) must be authenticated by the Primary Agency Human Resource (HR) manager or their designee;
- **Signatures** - Signature of the PSO (Primary or Backup) is required; signature of the HR Manager is required; wet ink or electronic signatures are acceptable;

Primary Agency #:

Secondary Agency(s) #:

SELECT ACTION TO BE TAKEN

Add new PSO Primary PSO

Replace current PSO Backup PSO

Current PSO Name: _____

(leave this field blank if you are adding a new PSO)

Authentication of PSO by Agency HR Manager or Designee

I hereby certify that, to the best of my knowledge, the information provided above is true and accurate.

Name of HR Manager or Designee

Signature _____ Date: _____

PSO Identification

Name _____

Role Title _____

Position Number _____

Work Address: _____

Work Phone Number: _____

PSO Signature _____ Date: _____

FOR DHRM USE ONLY

Received by (Print Name): _____

Role Title _____

Signature _____ Date: _____