

3. Agency Information	
Agency Name:	
Is your office a statistical and/or research unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signing Official: <i>This official must have the authority to enter into legally-binding agreements on behalf of the agency. Must be a contract officer, Senior Executive Service official, or agency head.</i>	
Name:	_____ Dr. _____ Mr. _____ Ms.
Title:	_____ Email: _____
Phone:	_____ Fax: _____
Mailing Address:	

4. Collaboration	
Are you collaborating with any other Federal agencies or institutions for this project (State agency or an educational institution)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes:	What agency/institution(s)? _____
	Please list the names of the collaborators. _____
	Specify if any of those collaborators need access to confidential microdata. _____

5. Use of Contractors	
Will you use contractors to access the confidential information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state the name of the contractor and provide details (such as the contract number and the name and contact information of the agency employee administering the contract).	

6. Recipient Project Coordinator	
Recipient Project Coordinator: <i>A project coordinator must be an employee of the agency and serves as the main point-of-contact between the BLS and the agency. An applicant may serve as project coordinator.</i>	
Check if same as applicant	<input type="checkbox"/>
If not the same as applicant, please fill out the following information:	
Name:	_____
Title:	_____ Email: _____
Phone:	_____ Fax: _____
Mailing Address:	
Employment Status:	<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Other. Please specify: _____
Will the recipient project coordinator require access to the confidential information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please provide their resume or CV.</i>	

7. Additional Individuals Seeking On-site Access to Confidential Microdata			
Please specify any additional individuals who require access to confidential microdata. Attach a resume or CV for each individual.			
1.	Name:		Title:
	Phone:		Email:
	Address at Agency:		
	Employment Status:	<input type="checkbox"/> Agency employee <input type="checkbox"/> Contractor <input type="checkbox"/> Other. Please specify:	
2.	Name:		Title:
	Phone:		Email:
	Address at Agency:		
	Employment Status:	<input type="checkbox"/> Agency employee <input type="checkbox"/> Contractor <input type="checkbox"/> Other. Please specify:	
3.	Name:		Title:
	Phone:		Email:
	Address at Agency:		
	Employment Status:	<input type="checkbox"/> Agency employee <input type="checkbox"/> Contractor <input type="checkbox"/> Other. Please specify:	
4.	Name:		Title:
	Phone:		Email:
	Address at Agency:		
	Employment Status:	<input type="checkbox"/> Agency employee <input type="checkbox"/> Contractor <input type="checkbox"/> Other. Please specify:	
5.	Name:		Title:
	Phone:		Email:
	Address at Agency:		
	Employment Status:	<input type="checkbox"/> Agency employee <input type="checkbox"/> Contractor <input type="checkbox"/> Other. Please specify:	

Privacy Act Statement. The information you provide will be used by staff at the Bureau of Labor Statistics (BLS) to determine your eligibility for access to confidential BLS data and for other administrative purposes. Providing the information on this form is voluntary; however, the BLS will not be able to grant access to confidential BLS data without this information. The BLS is authorized to request the information on this form under Title 5, United States Code, Section 301.