



Virginia Department of Planning and Budget

FATS ACCESS REQUEST FORM

Name _____ Phone _____
Last, First, MI

Email _____

Agency Name _____ Agency Code _____

Are there other agencies for which this agency is responsible? Yes No
If yes, please list the agencies in the "Special Considerations" block below.

System Access	Data Access	Signoff Authority
<input type="checkbox"/> Add	<input type="checkbox"/> Inquiry Only	<input type="checkbox"/> None
<input type="checkbox"/> Change	<input type="checkbox"/> Update	<input type="checkbox"/> Review
<input type="checkbox"/> Delete		<input type="checkbox"/> Approval

VITA LOGIN ID _____ OPD (dpb use only) _____

VITA ACCOUNT # _____ PRINT DESTINATION _____

Special Considerations:

Requesting Agency's Budget/Fiscal Officer:

**** Please notify DPB within 30 days when a user no longer needs access to FATS ****

Printed Name _____ Phone _____

Email _____

Signature _____ Date _____

DPB Security Officer:

Signature _____ Date _____

Please forward to: Agency Security Officer
Department of Planning and Budget
1111 East Broad Street, Room 5040
Richmond, VA 23219

Or FAX to:
804-225-3291