

THROUGH: Ruth Brown,

TO:

United States Department of Agriculture

Office of the Chief Information Officer Andrew Perraut USDA Desk Officer Office of Management and Budget

**OCIO** Desk Officer

Enterprise Applications Services

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Chris North, Director Muss. A for a

Pam Weber, Program Director Familie de 3/02/2012 Identity, Credential & Access Management Division Enterprise Applications Services Office

SUBJECT: Change Request for OMB Control Number 0503-0014 – USDA eAuthentication Service Customer Registration

USDA eAuthentication is the system used by USDA agencies to enable customers to obtain accounts that will allow them to access USDA Web applications and services via the Internet. This includes access to web applications that provide services such as submitting forms electronically, completing surveys online, and checking the status of your USDA accounts. During the initial design of eAuthentication, USDA requested approval for the original USDA eAuthentication Service Customer Registration Form, used to register users for an account.

USDA is upgrading the eAuthentication infrastructure, which includes a major upgrade to the Commercial Off-The-Shelf software and changes to the system hardware. As this major modernization progresses, the USDA eAuthentication Service Customer Registration Form will be changing. However, the individuals completing this form will not have any significant change in the burden time or in the process used to complete the registration. In fact, individuals will note a decrease in the fields required due to removing several fields that are no longer necessary.

Attached to this memo are the following to help describe the requested changes:

- Page 2 Field Comparison Table
- Page 3 Level 1 Access Request Forms Current and Projected
- Page 4 Level 2 Access Request Form Current
- Page 5 Level 2 Access Request Form Projected

cc: Shari Erickson Kathleen Squires Cindy Carrick The following table compares changes in the fields based on the current forms and projected forms:

	Level 1 Current Form	Access Projected Form	Level 2 Current Form	2 Access Projected Form
User ID	X	X	X	X
Password	X	X	X	X
Confirm Password	X	X	X	X
First Name	X	X	X	X
Middle Initial	X	X	X	X
Last Name	X	Х	X	X
Home Address			Х	Х
City			Х	Х
State			Х	Х
Home Postal/Zip Code	Х		Х	Х
Country Name	Х		Х	Х
Email	Х	Х	Х	Х
Confirm Email	Х	Х	Х	Х
Home Phone			Х	Х
International Home Phone			Х	
Alternate Phone			Х	
International Alternate Phone			Х	
Mother's Maiden Name			Х	X
4 digit PIN			Х	X
Your Date of Birth			Х	Х
Security Questions/Answers		Х	Х	Х

Form Approved - OMB No. 050	3-0014	Create an Account Help
Level 1 Access Step 1 of 4: User Informatio	on	
If you are a USDA Federal Emp eAuthentication registration pro		an Account to continue with the USDA
	tatement and Public Burden S	te a USDA account. Please read the Statement for more information on
	by an asterisk (*). Enter your firs sto ID (e.g. state driver's license	st and last name exactly as it appears ).
User ID*:		6-20 characters
Password*:	Click here for additional	9-12 characters
Confirm Password*:	Click here for additional	
First Name*:		
Middle Initial:		1
Last Name":		-
Home Postal/Zip Code:		Ĵ
Country Name*:	and the second second	*
	Email address must be registration	e valid to complete
Email*:		
Confirm Email*:		
		Reset Continue

## Proposed eAuthentication Level 1 Access Request

User Information		1
	Required Field*	
First Name*		
Middle Initial		
Last Name"		
Contact Information		7
Email*		
Confirm Email*		
Login Information		7
Login		
Password"		
Confirm Password*		
Security Questions		7
	swer four distinct questions from the selection	
	be used to validate your identity if you forget	
	stion may only be used once. For additional a	ssistance,
click the 🔄 above.		
1" Select		1
2' Select		~
3* Select		*
4" Select		2

## Current eAuthentication Level 2 Access Request

Form Approved - OMB No. 0503-00	14		Create an Account He
Level 2 Access Step 1 of 4: User Information			
If you are a USDA Federal Employe eAuthentication registration process		yee Create an	Account to continue with the USC
Public customers should complete t eAuthentication Privacy Act State how your personal information will	ment and Pub		
All required fields are marked by an on your government issued photo 1			nd last name exactly as it appears
User ID*:			6-20 characters
Password*:			9-12 characters
	Click her	e for additional r	requirements
Confirm Password*:			
First Name*:			
Middle Initial:			
Last Name*:			
Home Address*:			
City*:			
		you are entering	an address outside the USA, pleas
State*.	select 'No	Q - unknown' for	
	select 'N		
Home Postal/Zip Code*:	select 'N		
Home Postal/Zip Code*:		Q - unknown' for	your State.
Home Postal/Zip Code*: Country Name*:		Q - unknown' for	your State.
Home Postal/Zip Code*: Country Name*: Email*:		Q - unknown' for	your State.
Home Postal/Zip Code*: Country Name*: Email*: Confirm Email*:		Q - unknown' for	your State.
Home Postal/Zip Code": Country Name": Email": Confirm Email": Home Phone: International Home Phone:		Q - unknown' for	
Home Postal/Zip Code*: Country Name*: Email*: Confirm Email*: Home Phone: International Home Phone: (if applicable)		Q - unknown' for	your State.
Home Postal/Zip Code*: Country Name*: Email*: Confirm Email*: Home Phone: International Home Phone: (if applicable) Alternate Phone: International Alternate Phone:		Q - unknown' for	your State.
Home Postal/Zip Code*: Country Name*: Email*: Confirm Email*: Home Phone: International Home Phone: (if applicable) Alternate Phone: International Alternate Phone: (if applicable)		Q - unknown' for	your State.
Home Postal/Zip Code*: Country Name*: Email*: Confirm Email*: Home Phone: International Home Phone: (if applicable) Alternate Phone: International Alternate Phone: (if applicable) Mother's Maiden Name*:		Q - unknown' for ddress must be	vour State.
State*: Home Postal/Zip Code*: Country Name*: Email*: Confirm Email*: Home Phone: International Home Phone: (if applicable) Alternate Phone: International Alternate Phone: (if applicable) Mother's Maiden Name*: 4 digit PIN*: Your Date of Birth*:		Q - unknown' for ddress must be	your State.
Home Postal/Zip Code*: Country Name*: Email*: Confirm Email*: Home Phone: International Home Phone: (if applicable) Alternate Phone: International Alternate Phone: (if applicable) Mother's Maiden Name*: 4 digit PIN*: Your Date of Birth*:		Q - unknown' for ddress must be	your State.
Home Postal/Zip Code*: Country Name*: Email*: Confirm Email*: Home Phone: International Home Phone: (if applicable) Alternate Phone: International Alternate Phone: (if applicable) Mother's Maiden Name*: 4 digit PIN*: Your Date of Birth*: Please create your 4 security of	Email and	ddress must be	vour State.
Home Postal/Zip Code*: Country Name*: Email*: Confirm Email*: Home Phone: International Home Phone: (if applicable) Alternate Phone: International Alternate Phone: (if applicable) Mother's Maiden Name*: 4 digit PIN*:	Email and	ddress must be	vour State.

Click the	Continue	button	to go to	Step 2	

Reset Continue

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	tion	Required Field*	
	First Name"		
1.1	Middle Initial		
	Last Name*		
	Address*		
	City"		
	State*	Select	
	Zip*		
	Country*	United States	Y
Contact Infor	mation		
	Home Phone		
	Email*		
C	anfirm Email*		
Login Informa			
	Login		
	Password*		
Contin	m Password*		
Security Inform	mation		
Mother's Ma	aiden Name*		
	Birth Date*		
Fo	our Digit PDV		
Security Ques	tions		
Please	select and an	swer four distinct questions from the s	elections below.
passwo		be used to validate your identity if you stion may only be used once. For addit	
1.	Select		*
27 1	Select		*
a+ 6	Select		3
3*	Select		
3*	Select		2