

## PRIMARY CONTACT DESIGNATION

### STATE OF KANSAS INTERACTIVE INTERNET INTERFUNDS (SOKI<sup>3</sup>)

Add                       Change                       Delete

Agency Number \_\_\_\_\_

Agency Vendor Number and Sfx \_\_\_\_\_

Agency Name \_\_\_\_\_

User Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Operator ID \_\_\_\_\_  
(must be 5 to 10 characters and unique to the database)

Please list your second choice (\_\_\_\_\_) and third choice (\_\_\_\_\_) in case the operator ID you have selected above already exists in the SOKI<sup>3</sup> database.

E-Mail Address \_\_\_\_\_

Phone \_\_\_\_\_ (Must always include area code)

FAX \_\_\_\_\_ (Must always include area code)

\_\_\_\_\_  
(User Signature)

\_\_\_\_\_  
(Date)

I hereby authorize the Division of Accounts and Reports to issue the requested sign-on to the agency primary contact person named above.

\_\_\_\_\_  
(Agency Head)

\_\_\_\_\_  
(Date)