

**PRIVACY INFORMATION** – Pursuant to the Federal Privacy Act (Public Law 93-579) and the Information Practices Act (IPA) of 1977 (Civil Code Sections 1798, *et seq.*), notice is hereby given for the request of personal information. Failure to provide any or all of the requested information may delay processing, or result in an incomplete record. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual for whom personal information is collected has the right to inspect that information in any record maintained by POST. Inquiries may be directed to the POST Information Practices Act Coordinator at the address listed above. Contact the POST Administrative Services Bureau for instructions on requesting records.

## INSTRUCTIONS

- Complete all applicable sections of this application to: **1)** request access for a new account, or **2)** modify or deactivate an existing account. (See detailed instructions.)
- **FAX your completed and signed application to POST at (916) 227-5271**, send it via U.S. mail to Commission on POST – Attn: EDI, at the above address.
- After your application has been approved, POST will notify you by email to complete the process.

## SECTION 1. APPLICANT INFORMATION

1. APPLICANT NAME (LAST, FIRST, MI)		2. POST ID (OR SOCIAL SECURITY NUMBER)	
		-	SSN: - -
3. DEPARTMENT NAME	4. JOB TITLE		
5. DEPARTMENT MAILING ADDRESS (STREET/P.O. BOX)			
Street/POB	City	ST	Zip
6. BUSINESS EMAIL ADDRESS	7. BUSINESS CONTACT NUMBER	8. BUSINESS FAX NUMBER	
	( ) Ext	( )	

## SECTION 2. ACCESS REQUESTED

9. SELECT FUNCTION AND TYPE OF ACCESS FOR NEW ACCOUNT OR TO CHANGE EXISTING ACCOUNT

Notice of Appointment/Termination/Agency Report(s) – *select one:*  Read Only  Read & Write

Professional Certificates – *select one:*  Read Only  Read & Write

Sherman Block Supervisory Leadership Institute (SBSLI) – *select one:*  Read Only  Read & Write

## SECTION 3. MODIFY ACCESS OR DEACTIVATE ACCOUNT

10. SELECT ONE OF THE FOLLOWING

Modify access for applicant's current account – *complete ALL Sections.*  Deactivate account – *complete Sections 1 and 5.*

## SECTION 4. APPLICANT ATTESTATION

11. I AGREE TO THE FOLLOWING CONDITIONS WHEN ACCESSING THE POST EDI SYSTEM

- I understand that the EDI system, and the information contained therein, is for official use only, and that I am entering a secured site that contains personal and confidential data which is protected by provisions of the California Civil and Penal Codes.
- I understand that all system activity is monitored and all transactions are logged. By using this system, I expressly consent to the monitoring of my activity, and I understand that if the monitoring reveals possible evidence of criminal activity, legal action will be taken.
- I understand that if I participate in unauthorized access or misuse of data in any way, I am subject to State of California and/or federal prosecution and termination of my access privileges.
- I understand that my access privileges will be modified or removed if my employment status or duties change.

12. APPLICANT SIGNATURE

▶ \_\_\_\_\_ Date

## SECTION 5. DEPARTMENT HEAD OR AUTHORIZED DESIGNEE APPROVAL

13. MY SIGNATURE CONFIRMS THE FOLLOWING:

- I agree that the above-named applicant has permission to access the POST EDI system on behalf of this agency.
- I agree to notify POST whenever the above individual's access is to be modified or deactivated.

14. PRINT AUTHORIZED NAME	15. JOB TITLE
16. AUTHORIZED SIGNATURE	
▶ _____ Date	

**Detailed Instructions for POST Form 3-101**  
**EDI ACCESS APPLICATION**

[Return to Form](#)

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**Internet Access** You can access the POST EDI system using any current browser. If you are experiencing difficulty with the site, please contact technical support at 1-877-275-5872.

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**Entry Details**

SECTION 1: **Box 2: POST ID (or Social Security Number)** – Enter your registered POST Identification Number. If you do not have a POST ID, you may enter your SSN.

SECTION 2: **Box 9: Access Requested** – POST considers all users to be acting on behalf of their agencies when accessing the EDI system. Select the desired function (Notice of Appointment/Termination/Agency Report, Professional Certificates, or SBSLI) and choose the type of access:

*Read Only* – Provides users access to view and to print records.

*Read & Write* – Provides multi-function access.

SECTION 3: **Box 10: Modify Access or Deactivate Account** – To change the type of function, type of access, or to deactivate the current account for THIS APPLICANT ONLY, check the applicable box and fill in the required sections as noted.

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**How to Submit** Return your completed application with required signatures **via fax or U.S. mail**.

**Fax** 916 227-5271  
Attn: EDI

**Mail** Commission on POST  
Attn: EDI  
860 Stillwater Road, Suite 100  
West Sacramento, CA 95605-1630

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**Approval Process** After your application is approved, you will be notified by email with step-by-step instructions for accessing the EDI system.

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**Security** The POST EDI system is a secure website which uses server encryption to protect the transmission of information. Some agencies with firewall protection may block access to secure sites. If you experience any problems when attempting to access the EDI system, ask your technical support to contact POST for assistance.

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**POST Contacts** For assistance with the application process or technical questions, call or email:

**Phone** 1 877 275-5872

**Email** [EDI@post.ca.gov](mailto:EDI@post.ca.gov)

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