COMMONWEALTH OF KENTUCKY FAC - DIVISION OF STATE RISK & INSURANCE SERVICES
eRIMS User Log-on Credential Request Form

USER PROFILE INFORMATION

Requestor's Name:

Requestor's Email:

User Name:

Job Title:

Division:

Phone Number:

Work Address:

City:

State:

Zip Code:

Work Email:

Request Date: _____
(mm/dd/yyyy)

Please select the programs to which you need add or remove access

Add eRIMS:

Remove eRims:

List All Certificates To Which You Need Access

Certificate Number	Certificate Name

If you have any questions please contact Ryan Barnard at ryan.barnard@ky.gov or (502) 782-5435