

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

USER PROFILE INFORMATION

Requestor's Name:

Request Date: _____
(mm/dd/yyyy)

Requestor's Email:

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

User Name:

Job Title:

Add eRIMS:

Division:

Add MyRisk:

Phone Number:

Remove eRims:

Work Address:

Remove MyRisk:

City:

State:

Zip Code:

Work Email:

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