

Date: _____

DESIGNATION FOR CERTIFYING OFFICER

Section I - DESIGNATION AND RE-DESIGNATION

In Accordance with the authority vested in me by the head of this agency or his/her designee, I hereby delegate to the individual whose name, title and signature samples appear below the authority to act as a Certifying Officer (CO) for the following Agency Location Codes (ALCs):

[LIST EACH ALC THE CO IS AUTHORIZED FOR:] _____

Comments: _____

TYPE OF DESIGNATION OR REVOCATION ACTION: [CHECK ONE]

ORIGINAL DESIGNATION

RE-DESIGNATION

REVOCATION

Section II - DESIGNEE

Full Legal Name: _____

Title: _____

Agency: _____

Effective Date: _____

Bureau: _____

Phone: _____

Division: _____ Email: _____

Section III - SIGNATURE SAMPLES OF DESIGNEE [Designee must sign within all 4 boxes in BLACK INK]

Section IV - DESIGNATOR SIGNATURE [Designator must sign within the box in BLACK INK]

Full Legal Name: _____

Title: _____

Agency: _____

Bureau: _____

Division: _____

Email: _____

Phone: _____

Section V - RETURN ADDRESS OF DESIGNATOR

Address: _____

Section VI - To Be Completed by FMS

Transmittal No.: _____

Accomplished Date: _____

By: _____

Instructions for Form FMS 210CO

1. This form is for use in designating Certifying Officers (CO) who will have authority to certify payment requests, for specific Agency Location Codes (ALCs), to the Financial Management Service, for payment. Such designations are valid for a period of two years from the effective date. At the end of that period they will expire, unless a re-designation is submitted to the Financial Management Service. This form may be used for original designations, re-designations and revocations.
2. Only one individual may be designated authority or revoked per form.

Section I

- List all Agency Location Codes (ALCs) that the designee will have authority to certify payments for.
- Enter pertinent information in the Comments field, such as Designee Name Change, FPAID, etc.
- List all application(s) for which this designation will be applicable.
- Check the appropriate block for "Type of Designation or Revocation Action". Only one block may be checked.
 - Check "Original Designation" for new designations.
 - Check "Re-Designation" for renewals of existing designations.
 - Check "Revocation" to revoke all authority that was originally designated. If partial authority is to be retained from the original designation, a new form FMS 210CO must be received re-designating that authority.

Section II

- The Full Legal Name of the designee must be entered for designee name.
- For "Effective Date" enter the date that the designation is to be effective on. Designations are good for a period of two years from the effective date. The actual effective date will be the latter of, the requested effective date and the date the designation is actually accepted by FMS.

Section III

- Designee must sign within all four boxes.
- All signatures must be handwritten originals.
- All signatures must be clearly legible in **BLACK INK** for reproduction purposes.
- Designee must sign in the same manner as he/she will be using on future documents to be submitted to FMS.

Section IV

- All forms FMS 210CO must be signed in this section by an authorized designator, whose authority is substantiated by a valid form FMS 2958, on file with FMS.
- Signature must be within the box and clear and legible, using **BLACK INK** for reproduction purposes.
- An accomplished copy of form FMS 210CO will be returned directly to the designator, at the address specified in Section V.
- Designators are cautioned to review accomplished copies to ensure no changes to form FMS 210CO have occurred between signature and acceptance by FMS.

Section V

- Must be completed to reflect the return address of the designator signing in Section IV.

Section VI

- Will be completed by FMS.
- If accomplished date is later than the effective date, the accomplished date will become the effective date.