

DESIGNATION FOR CERTIFYING OFFICER

BUREAU OF THE FISCAL SERVICE, KANSAS CITY FINANCIAL CENTER
P.O. BOX 12599-0599, KANSAS CITY, MO 64116



Date Completed: _____ Effective Date: _____

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: First: _____ Middle: _____ Last: _____

Agency: _____ Title: _____

Bureau: _____ Phone: _____

Division: _____ Email: _____

☐ I affirm I have completed Fiscal Service Certifying Officer Training

Date training was completed: _____ Signature: _____

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

Ink	Ink
Ink	Ink

SECTION IV – DESIGNATOR SIGNATURE [Designator must sign within the box in BLACK INK]

Ink	Title: _____
	Phone: _____
	Email: _____
	Agency: _____
	Bureau: _____
	Division: _____
Full Legal Name: _____	

SECTION V – RETURN ADDRESS OF DESIGNATOR

Address: _____

SECTION VI – TO BE COMPLETED BY THE FISCAL SERVICE

Reference Number: _____
Verified Date: _____
Verified By: _____

INSTRUCTIONS FOR FS FORM 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 Bureau of the Fiscal Service, for payment.
2. Designations are valid for a period of two years from the effective date. At the end of that period they will expire, unless a delegation renewal is submitted to the Bureau of the Fiscal Service. This form may be used for original designations, renewals, and revocations.
3. Only one individual may be designated or revoked authority per form.
4. For "Effective Date," enter the date that the designation is to become effective. 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, or the date the designation is accepted by Fiscal Service.
5. Completed forms should be mailed to:
BUREAU OF THE FISCAL SERVICE
KANSAS CITY FINANCIAL CENTER
PO BOX 12599-0599
KANSAS CITY, MO 64116

SECTION I

- List all ALCs for which the Designee will have authority to certify payments.
- Enter pertinent information in the Comments field, such as Designee Name Change, FPAID, etc.
- Check the appropriate box for "Type of Designation or Revocation Action." Only one box 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 FS Form 210CO must be submitted re-designating that authority.

SECTION II

- Enter the Full Legal Name of the Designee.
- The Designee must affirm completion of Fiscal Service Certifying Officer Training with each new or renewed delegation if they process payments through Treasury Fiscal Service. The Designee must pass the exam included with the training, and be able to provide Fiscal Service with a copy of their completion certificate upon request. Training is available at www.fiscal.treasury.gov, under the "Training" section.

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 Fiscal Service. A new FS Form 210CO with updated signature samples must be submitted if a substantial change in the form of the Designee's signature occurs.

SECTION IV

- FS Form 210CO must be signed in this section by an authorized Designator, whose authority is substantiated by a valid form FS Form 2958DO, on file with Fiscal Service.
- Signature must be within the box and clear and legible, using **BLACK INK** for reproduction purposes.
- A verified copy of FS Form 210CO will be returned directly to the Designator, at the address specified in Section V.
- Designators are cautioned to review a verified copy to ensure that no changes to FS Form 210CO have occurred between when the form was submitted and when it was accepted by Fiscal Service.

SECTION V

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

SECTION VI

- Will be completed by Fiscal Service.
- If verified date is later than the effective date listed on the form, the verified date will replace the effective date listed and become the actual effective date.

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 301 and 31 U.S.C. 3321, 3325, authorize the collection of this information.

PURPOSE: These records are collected to allow Federal agencies to authorize the designation of those individuals appointed to serve in disbursing roles, and to allow Fiscal Service to maintain records of such appointments, records of any subsequent revocations or renewals in those roles, and document the authority of the disbursing actions taken by those individuals in execution of their roles.

ROUTINE USES: These records may be used by Fiscal Service Payment Management employees to verify the authority of the heads of agencies sending these forms, received to designate, revoke, and renew individuals appointed to serve in disbursing roles, and to authorize those designations. Additionally, this information may be provided to appropriate Federal agencies responsible for investigating or prosecuting the violations of, or for enforcing or implementing, a statute, rule, regulation, or order, where the disclosing agency becomes aware of an indication of a violation or potential violation of civil or criminal law or regulation.

DISCLOSURE: Furnishing this information is voluntary; however, failure to provide the requested information may result in not being considered for a specific disbursement-related function.