



By completing this Access Request form, your organization will be granted a User ID and password to access the LaMPSS system. **This form is not an application for funding.** This access request may be submitted by email at LAMPSS@novascotia.ca, by Fax to 902-424-0804, or by mail to the address above.

New Access

SAP Vendor ID (If known):

Update Access

LaMPSS Organization ID (If known):

**Organization Information:**

Joint Stock Registry#:

CRA Business#:

#Employees:

Worker's Compensation Board Coverage:

HST Rebate %:

Date Established:

Sector:

Non-Profit:

Government:

For-Profit:

Organization Legal Name:

Organization Common Name:

Telephone:

Fax:

**Mailing Address:**

Street/PO Box:

City:

Province:

Postal Code:

**Civic Address:**

Street:

City:

Province:

Postal Code:

**Organization's Primary Contact for LaMPSS:**

I am an authorized representative for this organization and I declare the information in this access request is accurate. It is the responsibility of the primary contact to create, modify, and deactivate additional LaMPSS users for this organization.

Last Name:

First Name:

Title:

Email:

Telephone:

Cell/Mobile:

**For statistical purposes only** - Please indicate the funding program you are interested in applying for:

**Required Attachment - Electronic Funds Transfer / Direct Deposit Form**

The Province of Nova Scotia requires payments to be issued by Direct Deposit. Please complete and include the Electronic Funds Transfer form and Void Cheque along with this Access Request. DO NOT fax forms directly to the Department of Finance.