FORM: FAS DESCR-30

REV. 05/17/2007

STATE OF IDAHO

FAS DESCRIPTOR TABLE MAINTAINENCE

RESET

Send this form to:	State Controller's Office, Division of Statewide Accounting, Bureau of Accounting Operations
Fax: 334-3415	4th Floor, JR Williams Building, P.O. Box 83720, Boise, Idaho 83720-0011

AGENCY NAME	AGENCY CODE	CONTACT NAME	PHONE #	DATE (mm/dd/yyyy)

A=Add **C=**Chg **D=**Delete	**TABLE ID NO.**	**TABLE ENTRY KEY** (max 24 spaces – varies with table no.)	**REFERENCE DATA –** *Statewide Tables Only* (max 44 spaces – varies with table no.)	**TITLE** (max 40 spaces - varies with table no.)

TABLE ID NO:

AGENCY TABLES
AGENCY REQUESTABLE
01- Agency Suffix **03- Class Codes Suffix** **13- Manufacturer Code** **19- Agency Location 1** **20- Responsible Last Name** **21- Risk Management Bill Codes** **24- Location 2**

STATEWIDE TABLES- maintained by SCO		
FAS SYSTEM CONTROL		**FAS SYSTEM CONTROL**
02- Class Codes **04- Insurance Indicators** **05- Condition Codes** **06- Status Codes** **07- Construction Codes** **08- County Numbers** **09- Instrument Types** **10- Easement Code** **14- Acquisition Method**		**15- Transaction Code/Valid Class Code** **16- Class Code Range** **17- Subobject/Transaction Code** **22- Disposition Method** **23- Ownership** **66- Operator Class** **98- Table Security** **99- Table Definition**