

Illinois State Board of Education  
Nutrition Department  
Food Distribution Program

**ILLINOIS COMMODITY SYSTEM REGISTRATION FORM**

Please complete the following information to receive access to the Illinois Commodity System (ICS). Once completed, submit the form to the Food Distribution Program at [fdp@isbe.net](mailto:fdp@isbe.net).

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Sponsor Name: \_\_\_\_\_

Agreement Number (RCDT): \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Due to the limit of two users per school district, please indicate the user you are replacing so we can inactivate them. \_\_\_\_\_

If you have any questions regarding this form, please contact us at 800.545.7892 or 217.782.2491, or email [fdp@isbe.net](mailto:fdp@isbe.net)

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**Print Name and Title of School Authorized Representative**

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**Signature of School Authorized Representative**

**Date**