BUREAU OF THE FISCAL SERVICE DIGITAL ACCESS REQUEST

SENSITIVE BUT UNCLASSIFIED



All required fields are marked with an asterisk (*) and must be completed, in order for Fiscal Service to process the form.

Lrequest Digital Access with MED	ACCOUNT ACTION REQUESTED					
nominee named below. (CHOOSE		nce, be Issu	ed, Updated, or Revoked b	y the Bureau of the	Fiscal Service to the	
New Subscriber	Subscriber Update (Description Required) Subscri			riber Revocation		
*FPA ID(s):	Description:					
NOMINATION TYPE						
The individual below is nominated to access Fiscal Service Digital Payment Systems as a: (CHOOSE ONE)						
Trusted Enrollment Agent Requires Nomination from Designating Official Certifying Officer Requires Valid FS 210CO Data Entry Operator Requires Valid FS 210DEO						
NOMINEE INFORMATION						
*First Name	Middle Name *Last Na		Name	ne		
*Organizational Name (Agency/Bureau)			*Work Email Addre	*Work Email Address		
Organization Address (include street, room # and/or mail stop, city, state and zip)					*Work Phone Number	
Nominee Signature and Date I certify that the information, statements and representations provided by me on this form are true and accurate to the best of my knowledge. I understand that a willfully false certification is a criminal offense and is punishable by law (18 U.S.C. 1001).						
NOMINATING OFFICIAL INFORMATION						
				_		
Trusted Enrollment Age		Design	nating Official	_	vice Approver	
Trusted Enrollment Age	nt (TEA) Middle Name	$\overline{}$	nating Official	_	vice Approver Suffix (Sr., Jr., III, etc.)	
	Middle Name	Design	nating Official	Fiscal Serv	· · ·	
*First Name	Middle Name	Design	nating Official Name	Fiscal Serv	· · ·	
*First Name *Organizational Name (Agency	Middle Name //Bureau) d Date ments and represer	*Last	*Work Email Addrest	Fiscal Servess	Suffix (Sr., Jr., III, etc.)	
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*First Name *Organizational Name (Agency *Work Phone Number Nominating Official Signature and I certify that the information, state I understand that a willfully false of the point of Contact (POC) or Group Full Name (if applicable)	Middle Name //Bureau) d Date ments and represer ertification is a crin DF CONTACT Email will receive Individual	*Last atations proving a serving a	*Work Email Address ided on this form are true a and is punishable by law (DR GROUP EMAI otifications.	Fiscal Servess and accurate to the 18 U.S.C. 1001).	Suffix (Sr., Jr., III, etc.) best of my knowledge. Phone Number	
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