

BUREAU OF THE FISCAL SERVICE
DIGITAL ACCESS SUPPORT NOMINATION
SENSITIVE BUT UNCLASSIFIED



NOMINATION TYPE

The individual below is nominated to be a:

Trusted Enrollment Agent

This authorizes the nominee to authorize and re-certify digital access requests for subscribers of Fiscal Service Digital Payment Systems

NOMINEE INFORMATION

First Name	Middle Name	Last Name	Suffix (Sr., Jr., III, etc.)
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Organizational Name (Agency/Bureau)	Work Email Address
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Organization Street Address (include room # and/or mail stop)

City	State	Zip Code	Country Name
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Work Phone Number:	Work FAX Number:
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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).

Nominee Signature and Date

NOMINATING OFFICIAL INFORMATION

Must be nominated by an active Delegating Official at the nominee's Federal Program Agency

First Name	Middle Name	Last Name	Suffix (Sr., Jr., III, etc.)
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Organizational Name (Agency/Bureau)	Work Email Address
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Work Phone Number:	Work FAX Number:
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I certify that the information, statements and representations provided 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 Signature and Date

FISCAL SERVICE APPROVER - SIGNATURE AND DATE