

**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**

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