

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.

ACCOUNT ACTION REQUESTED

I request Digital Access, with MEDIUM level of assurance, be Issued, Updated, or Revoked by the Bureau of the Fiscal Service to the nominee named below. (CHOOSE ONE)

- New Subscriber**
 Subscriber Update (Description Required)
 Subscriber 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 Name _____ Suffix (Sr., Jr., III, etc.) _____

*Organizational Name (Agency/Bureau) _____ *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 Agent (TEA)**
 Designating Official
 Fiscal Service Approver

*First Name _____ Middle Name _____ *Last Name _____ Suffix (Sr., Jr., III, etc.) _____

*Organizational Name (Agency/Bureau) _____ *Work Email Address _____

*Work Phone Number _____

Nominating Official Signature and Date
 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).

POINT OF CONTACT (POC) OR GROUP EMAIL INFORMATION

Point of Contact (POC) or Group Email will receive expiration notifications.

Full Name (if applicable) _____ Individual or Group Email Address _____ Phone Number _____

FISCAL SERVICE APPROVER - SIGNATURE AND DATE

