

ASAP Organization Enrollment and User ID Request Form

Section I - Organization Information

Date: _____ **Action:** NEW ORGANIZATION CHANGE EXISTING ORGANIZATIONAL DATA **ASAP ID:** _____

Organization Name: _____ **Employer Identification Number (EIN) (9digits):** _____

Organization Short Name (10 characters maximum): _____ **DUNS Number (9+4 digits):** _____

Organization Type: State Agency University ITO For-Profit Non-Profit **User Type:** Recipient Organization Super User

EBT Processor FRB LOC Other _____

Mailing Address: _____ **Street Address:** _____

_____ **City, State, Zip:** _____

Primary Contact Name: _____ **Secondary Contact Name:** _____

Phone: _____ **Fax:** _____ **Phone:** _____ **Fax:** _____

E-Mail Address: _____ **E-Mail Address:** _____

Section II – Individual User Information

NAME Include First, Middle Initial, and Last Name. Each individual MUST sign in the appropriate space on the reverse side.	TELEPHONE NUMBER	E-MAIL	MAILING ADDRESS (If different from above)	FUNCTIONS			Current Users Only:
				Payment Request (PR2)	Inquiry Only (PR1 or RC1)	AMA	User's Logon ID
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete							
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete							

Legend: Functions: A=Add, C=Change, D=Delete. If requesting AMA, an AMA Access Form is required.

Current Users Only: Indicate the existing individual's logon ID in this column for any changes to a user's functions or access.

Section III – Authorizing Official's Signature

By signing this document, I certify that the individual(s) requiring access to ASAP and identified above have read and signed the "User Responsibility Statement" on the reverse side of this document and that the organization will maintain the signed copy.

Signature

Title

Name

Phone Number

Date