

Check One: User POC Alt POC

GETS/WPS Request Form FOR FWS

Date:

Requesting: (select all that apply): GETS Card WPS Service
 Change POC/Alt POC Change current information Reprint GETS Card

US Citizen: Yes No

Fill out only applicable sections and return to bernard_brown@fws.gov or LeaAnne_throne@fws.gov
Any Questions: 703-358-2362 or 703-358-2226

Fields in bold are required.

If you have a GETS card or were issued one from stockpile, provide 1st 8 digits: _____

Organization: (Acronym) _____ Spell out Organization: _____
Suborganization: (Acronym) _____
Spell out Suborganization: _____
Org. Code _____

Name: Name to appear on card (GETS only): _____

(Prefix) (First Name) (MI) (Last Name) (Suffix)
Work Address: _____

City: _____ State: _____ ZIP: _____ Country: _____

Password (GETS only, 4-9 alphanumeric characters): _____
Provide at least 1 phone number and at least 1 other means of contact (phone, e-mail, etc.).
Primary Phone #: _____ Secondary Phone #: _____
Cellular #: _____ After Hours #: _____
E-mail: _____ Fax # (POC/Alt POC only): _____

Check the category that best describes your Coop Position
For **GETS:** (A) Primary ~~(B)~~ First Alternate ~~(C)~~ ~~(D)~~ Second ~~(E)~~ ~~(F)~~ AERO
~~(G)~~ Alternate ~~(H)~~ Second ~~(I)~~ AERO
ERO= Emergency Response Official as designated by the Emergency Management Manager

For WPS Requests Only **Note:** WPS is only authorized for KEY Primary Coop positions. Requestors must have or be willing to subscribe to a service plan with an authorized WPS provider.

Justification of need for WPS:

Requestors will be notified via E-mail of request approval/disapproval. Recommend you do not acquire new cell service for WPS until you receive NCS approval. If not provided now, the following details must be provided later to initiate service:
Service Provider: _____ Account #: _____
WPS Phone #: _____

POC Name (N/A if POC Request): **Bernie Brown**