

U.S. Fish and Wildlife Service ASAP Enrollment Form

Recipient, fields marked with an * are required. Type or neatly handwrite all information. Incomplete or illegible information will cause processing delays.

Section 1: General Information

Recipient Name*: _____
Recipient TIN/EIN*: _____ Recipient DUNS*: _____
Are you enrolled in ASAP with another Federal Agency?* YES NO
If yes, provide your organization's ASAP ID number: _____

Section 2: Point of Contact (POC) Information (Individual responsible for receiving ASAP communications)

POC Name*: _____
POC Title: _____
POC Mailing Address*: _____
City*: _____ State*: _____ Zip*: _____
POC E-mail Address*: _____
POC Phone Number*: _____

Section 3: Recipient Type

Select the category that most appropriately describes you/your organization*

Financial Institution	State Agency
For-profit (includes LLCs and sole proprietors)	University/College
Non-profit	State University/College
Local Government	Other Educational Organization
Indian Tribal Organization	Individual

Section 4: Submission Instructions (FWS Program, insert submission instructions for your recipients below. Recipient, follow the instructions below to submit your completed form to the USFWS).

Section 5: For Bureau Requestor Use Only (FWS Program, complete all fields below. Recipient, do not complete this section).

SAM Registration Valid Until: _____ or Recipient exempt from SAM
Enter either the SAM registration Valid Until date or click the box to indicate recipient is exempt from SAM

Recipient FBMS Vendor Number: _____

FWS Requestor Name: _____

FWS Requestor Title: _____ Region: _____

FWS Requestor E-mail: _____ Phone: _____