U.S. OFFICE OF PERSONNEL MANAGEMENT
AUTOMATED APPLICANT REFERRAL SYSTEM
AGENCY ID REQUEST FORM

REQUESTING AGENCY: This form must be signed by your personnel officer. Complete only SECTION 1. Retain a copy for your records and send the original to Staffing Service Center, 4685 Log Cabin Drive, Macon, GA 31298, ATTN: AGENCY ID Coordinator.

SECTION 1

a. AGENCY CONTACT _____

b. PHONE NUMBER _____

c. AGENCY NAME AND ADDRESS
(As it should appear on FAXed outputs.)

_____

_____

_____

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_____

d. FAX PHONE NUMBER
(FTS if available. Otherwise, include area code.)

___ - ___ - ____

e. FAX ROUTING INFORMATION
(This will be printed on a cover sheet for all FAX transmittals. Please include your name, organization, room number or any other information that will ensure delivery from your office FAX machine to your desk.)

_____

f. SIGNATURE _____ DATE _____

SECTION 2

(FOR OPM USE ONLY)

AGENCY ID # ____

Clerk _____ Date _____