

## ASAP.GOV Participation Request

Please fill in the requested information to initiate the Automated Standard Application for Payments (ASAP) enrollment process. Fields marked with \* are required. Failure to provide required data may result in delayed enrollment. **If applying for an ASAP Waiver, please only complete the ASAP Waiver Request.**

### Section 1: Organization Information

Provide the recipient organization's information.

Is your organization enrolled in ASAP for another Federal Agency?     Yes     No

If yes, provide your Organization Recipient ID:

<b>* Organization Name</b>	<b>* DUNS (Nine Digits)</b>	<b>* TIN / EIN (Nine Digits)</b>

### Section 2: Point of Contact Information

List contact information for the individual responsible for receiving ASAP communications.

<b>Name:</b>	<b>* First Name</b>	<b>Middle Initial</b>	<b>* Last Name</b>
<b>Title:</b>			
<b>Address:</b>	<b>* Mailing Address</b>		
	<b>* City</b>	<b>* State</b>	<b>* Zip Code</b>
<b>Contact Information:</b>			
	<b>* Email</b>		<b>* Phone Number</b>

### Section 3: Organization Type

\* Choose the category that most appropriately describes the recipient organization.

- |  |  |
|--|--|
| <input type="radio"/> Financial Institution      | <input type="radio"/> State Agency                   |
| <input type="radio"/> For-Profit                 | <input type="radio"/> University / College           |
| <input type="radio"/> Non-Profit                 | <input type="radio"/> University / College -State    |
| <input type="radio"/> Local Government           | <input type="radio"/> Other Educational Organization |
| <input type="radio"/> Indian Tribal Organization |  |

### Section 4: Submission Information

<b>Submit via Fax:</b>	Fax completed request to (505) 563-3878
<b>Submit via Email:</b>	Email completed request to Joann.Metcalf@bia.gov or Rae.Padilla@bia.gov
<b>Submit via Mail:</b>	Mail a hard copy of the completed request to: <b>U. S. Bureau of Indian Affairs Attn: ASAP Enrollment 1001 Indian School Road, NW - Ste. 249A Albuquerque, NM 87104-2303</b>

For questions, contact the BIA at [ASAPEnrollmentHelpdesk@bia.gov](mailto:ASAPEnrollmentHelpdesk@bia.gov)