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:

** Organization Name*	** DUNS (Nine Digits)*	** TIN / EIN (Nine Digits)*

Section 2: Point of Contact Information

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

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

Section 3: Organization Type

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

- ◯ Financial Institution
- ◯ For-Profit
- ◯ Non-Profit
- ◯ Local Government
- ◯ Indian Tribal Organization
- ◯ State Agency
- ◯ University / College
- ◯ University / College -State
- ◯ Other Educational Organization

Section 4: Submission Information

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

For questions, **contact the BIA at ASAPEnrollmentHelpdesk@bia.gov**