Information Necessary to Enroll EPA Recipients into the Treasury's
Automated Standard Application for Payment (ASAP) System


Organization Name     _____
Recipient Name


Organization Type     _____
**Chose One of the Following:**
State Agency
Local Government
University/College
State University/College
Other Educational Organization
Non-Profit
For-Profit
Indian Tribal Organization
Financial Institution


DUNS     _____
Dun and Bradstreet Data Universal Numbering System Number


EIN     _____
Employer Tax Identification Number


POINT OF CONTACT     _____
Person responsible for identifying the officials within the
organization who will be needed to complete the ASAP
enrollment.


CONTACT'S ADDRESS _____


_____


_____


CONTACT'S E-MAIL     _____


CONTACT'S PHONE     _____