

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

Organization Name \_\_\_\_\_  
Recipient Name

Organization Type \_\_\_\_\_  
**Choose 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 \_\_\_\_\_