Government to Government Services Online Website Registration Form

Please *tab* from field to field.

MAIN CONTACT INFORMATION					
Name:					
Organization Name	•				
Organization ID:					
Street Address (Lin	e 1):				
Street Address (Lin	e 2):				
City:	State:	State:		Zip Code:	
Email Address:					
Phone (Include area	a code):				
AD	DITIONAL USER	INFORMAT	ΓΙΟΝ		
Enter the name	of each new user	, including t	he main co	ntact.	
Name	Email Addre	ess I	Phone	Office Use	
SPONSOR VERI	FICATION (For c	ompletion l	by Sponso	or only):	

Sponsor Name:		Phone: (Include area code)		
Sponsor Comments:				
Select the utilities the new user(s) will need to access: (select all that apply to every user on this application)				
Select Utilities				
Indicate at least one Trading Partner where the user will send files for DE or SW applications (List all that apply):				
Name	City	State		

05/07