



U.S. Department of Transportation

Delphi eInvoicing System

User Account Application - Instructions

OMB Control Number: 2105-xxxx
Expiration Date: mm/dd/yyyy

General Instructions

Purpose of Form

The enclosed form is used to confidently establish the identity of an individual seeking to obtain a login into the DOT's Delphi eInvoicing system. Because requests in this system result in payments, security regulations mandate that each individual maintain a login and secure password.

Who is eligible

Only staff members of registered DOT suppliers that have authority to request payment of behalf of the supplier organization are eligible. Each Grantee or Supplier organization must be registered in the Central Contractor Registration (CCR) system. Any representative of a valid CCR registered organization is eligible for system access.

How to apply

System access is by individual invitation only. Copies of this form submitted without a unique invitation PIN number will not be accepted. If you feel you need access to this system, contact your DOT Grant Program Manager or Procurement (Contract) Officer.

How to obtain more information

You can contact the DOT Enterprise Services Center Helpdesk at 866-641-3500 or 405-954-3000, or email at DOTElectronicInvoicing@dot.gov.

Appeals Process

If your application for a login is not approved, you may send a letter of appeal with a copy of the application to Director of the Office of Financial Management, US Department of Transportation, Office of Financial Management, B-30, room W93-322, 1200 New Jersey Avenue SE, Washington DC 20590-0001, DOTElectronicInvoicing@dot.gov

Waiver Process

If you are unable to access the internet, or are otherwise unable to use the DOT's Delphi eInvoicing system, your organization must submit and be granted a waiver of compliance. Refer to DOT Form 2770.4 and related instructions for information regarding the waiver process.

Notary Public Instructions

Please validate the identifying information provided on the form against the photographic identity provided by the applicant. Verify the ID number, name, address, and expiration date, and validate the photo. You do not need to validate the PIN number.

Mailing Instructions

Mail via certified USPS, UPS, Fedex, etc. to:

DOT Enterprise Services Center
FAA Accounts Payable, AMZ-100
PO Box 25710
Oklahoma City, OK 73125

Paperwork Reduction Act (44 U.S.C. 3501) Burden Statement:

A federal agency may not conduct or sponsor, and a person is not required to respond to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2105-XXX. Public reporting for this collection of information is estimated to be approximately 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are required to request grant related payments from the DOT. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: Information Collection Clearance Officer, Department of Transportation, 1200 New Jersey Avenue SW, Washington, DC 20590, OST S-83.

Privacy Act Statement: Privacy Act Statement (5 U.S.C. § 552a, as amended):

AUTHORITY: 31 USC 3512, authorizes DOT to collect this information. **PURPOSE(S):** DOT will use the information provided to establish your identify prior to your receiving an account within our system, and is intended solely to establish a unique identity and proof thereof. **ROUTINE USE(S):** In accordance with DOT's system of records notice, DOT/ALL 7 Departmental Accounting and Financial Information System, DAFIS, the information provided may be disclosed to "consumer reporting agencies" as defined in the Fair Credit Reporting Act (15 U.S.C. 1681a(f)) or the Federal Claims Collection Act of 1982 (31 U.S.C. 3701(a)(3)). **DISCLOSURE:** Provision of the requested information is voluntary; however failure to furnish the requested information may result in an inability of the Department to grant you access to our system.



U.S. Department of Transportation Delphi Invoicing System User Account Application

Applicant Name:	<input type="text"/>	Enter full legal name
Organization:	<input type="text"/>	Enter the legal name of the organization you represent
Work Address:	<input type="text"/>	Enter work street address including suite/room/mail routing
City:	<input type="text"/>	Enter work city name
State/Province:	<input type="text"/>	Enter work state/province name
Zip/Postal Code:	<input type="text"/>	Enter work zip code or postal code
Work Phone:	<input type="text"/>	Enter work phone number including extension
Work E-mail:	<input type="text"/>	Enter work e-mail address (this will be your login)
Home Address:	<input type="text"/>	Enter home street address (must match ID)
City:	<input type="text"/>	Enter home city name
State/Province:	<input type="text"/>	Enter home state/province name
Zip/Postal Code:	<input type="text"/>	Enter home zip code or postal code

Identifying Information

The applicant must provide a Federal or State issued identification, such as a driver's license or passport. The identification must have a photo that will be verified by the Notary Public.

ID Number:	<input type="text"/>	Enter ID Number from presented Gov't issued identification
Issuing Authority:	<input type="text"/>	Enter the name of the Government Issuing Office
Expiration Date:	<input type="text"/>	Enter the expiration date listed in the identification
Unique PIN:	<input type="text"/>	Enter the unique 5-digit PIN from your e-mail invitation

Signatures

<p>_____</p> <p>Applicant Signature</p>		<p>On this _____ day of _____, 20____,</p> <p>did personally appear before me</p> <p>_____</p> <p>and presented identification as recorded herein. I have verified the photo of the presenter of the identification, and have verified the identifying information recorded herein, verified that the recorded address matches the identification, and witnessed their signature upon this form.</p>
<p>_____</p> <p>Date</p>		
<p>Affix Seal:</p> <div style="border: 1px solid black; width: 300px; height: 100px; margin: 10px auto;"></div>		
		<p>_____ Notary Public</p> <p>_____ Commission Expires</p>

Mail via certified USPS, UPS, Fedex, etc. to:

DOT Enterprise Services Center
FAA Accounts Payable, AMZ-100
PO Box 25710
Oklahoma City, OK 73125

OST F 2770.3

OPI: Office of Financial Management, B-30