PD F 5489 E Department of the Treasury Bureau of the Public Debt Fiscal Service (Revised june 2007)

## Fiscal Service PKI Support Nomination (Print Clearly Or Type All Information Except Signature)

(Block 1)		Nominati	on Ty	pe		
I nominate the individual named in Blo	ck 2 to be (choose one)	:				
Fiscal Sponsoring Authority		t the nominee's Federal Pro	0 0 ,	· ·		
	Head of Agency o	r Fiscal Spo	nsoring	Authority for Treasury Fisc	al Service PKI bu	isiness systems.)
Trusted Registration Agent	(Must be nominated by an individual at the nominee's Federal Program Agency who is designated as Head of Agency or Fiscal Sponsoring Authority for Treasury Fiscal Service PKI business systems. Fiscal Business Customers may nominate Fiscal Service employees.)					no is designated as usiness systems.
(Block 2)				ormation	<i>y</i> 000.7	
FSA/TRA First Name (Full Legal Name Required)	Middle Name			Last Name		Generation Identifier (Jr., Sr., III, etc.)
Organization Name (Agency/Bureau)			,	Work E-Mail Address		
Organization Street Address (include room#	and/or mail stop)					
City	City			Zip Code	Country Name	
Work Phone Number	Work Phone Number		Nork FAX Number			
Business Systems Requiring Nominati	on:					
I certify that the information, statemen						
knowledge. I understand that a willfull	y false certification is	s a criminal	offense	e and is punishable by la	w (18 U.S.C. 100	1).
FSA/TRA Nominee	Signature				Date (mr	n/dd/yyyy)
(Block 3)	Nomina	ting Offic	ial Inf	formation		
Nominator Title (Select one):						
Head of Agency (HOA)	Fiscal Sponsoring Authority (FS)					
HOA/FSA/Other First Name (Full Legal Name Required)	Middle Name			Last Name		Generation Identifier
						(Jr., Sr., III, etc.)
Organization Name (Agency/Bureau)			\	Work E-Mail Address		(Jr., Sr., III, etc.)
Organization Name (Agency/Bureau)  Organization Street Address (include room #	and/or mail stop)		١	Work E-Mail Address		(Jr., Sr., III, etc.)
Organization Street Address (include room #	and/or mail stop)	State			Country Name	(Jr., Sr., III, etc.)
	and/or mail stop)	State		Work E-Mail Address  Zip Code	Country Name	(Jr., Sr., III, etc.)
Organization Street Address (include room #	and/or mail stop)			Zip Code	Country Name	(Jr., Sr., III, etc.)
Organization Street Address (include room #  City  Work Phone Number  I certify that the information, statemen	ts and representation	Work	FAX N	Zip Code umber on this form are true and	I accurate to the	best of my
Organization Street Address (include room #  City  Work Phone Number	ts and representation	Work	FAX N	Zip Code umber on this form are true and	I accurate to the	best of my
Organization Street Address (include room #  City  Work Phone Number  I certify that the information, statemen	ts and representation y false certification is	Work	FAX N	Zip Code umber on this form are true and	I accurate to the w (18 U.S.C. 100	best of my
Organization Street Address (include room #  City  Work Phone Number  I certify that the information, statement knowledge. I understand that a willfully	ts and representation y false certification is ignature	Work ns provided s a criminal	FAX No	Zip Code umber on this form are true and	I accurate to the w (18 U.S.C. 100	best of my 1).
Organization Street Address (include room #  City  Work Phone Number  I certify that the information, statemen knowledge. I understand that a willfully Nominating Official S	ts and representation y false certification is ignature	Work ns provided s a criminal	by me offense	Zip Code  umber  on this form are true and e and is punishable by la	I accurate to the w (18 U.S.C. 100	best of my 1).
Organization Street Address (include room #  City  Work Phone Number  I certify that the information, statemen knowledge. I understand that a willfully Nominating Official S  (Block 4)	ts and representation y false certification is ignature Fiscal Busin	Work ns provided s a criminal	by me offense	Zip Code umber on this form are true and e and is punishable by la	I accurate to the w (18 U.S.C. 100  Date	best of my 1).  (mm/dd/yyyy) eneration Qualifier
Organization Street Address (include room #  City  Work Phone Number  I certify that the information, statement knowledge. I understand that a willfully Nominating Official S  (Block 4)  FBC First Name (Full Legal Name Required)  Organization Name (Agency/Bureau)  I certify that the information, statement	ts and representation y false certification is ignature Fiscal Busin Middle Na	Work  ns provided s a criminal  ess Cust	by me offense	Zip Code  umber  on this form are true and and is punishable by late and is punishable by late and the	Date	best of my 1).  (mm/dd/yyyy)  eneration Qualifier ., Sr. III, etc.)  Vork Phone Number
Organization Street Address (include room #  City  Work Phone Number  I certify that the information, statement knowledge. I understand that a willfully Nominating Official S  (Block 4)  FBC First Name (Full Legal Name Required)  Organization Name (Agency/Bureau)	ts and representation y false certification is ignature Fiscal Busin Middle Na	Work  ns provided s a criminal  ess Cust	by me offense	Zip Code  umber  on this form are true and and is punishable by late and is punishable by late and the	Date	best of my 1).  (mm/dd/yyyy) eneration Qualifier ., Sr. III, etc.)  Vork Phone Number