

DTS Registration Worksheet

<b>General Information</b>	
First Name	
Last Name	
Middle Initial	
SSN	
Gender	
Email Address	
<b>Home Mailing Address</b>	
Mailing Address, City, State and Zip/Postal Code	
<b>Required Work Information</b>	
Civilian/Officer/Enlisted	
Title/Rank	
Tech Status	N/A
Organization Name	
Office Address, City, State and Zip/Postal Code	
Time Zone	
Work Hours	8
Emergency Contact Name and Phone Number	
<b>Electronic Funds Transfer Data</b>	
Account Type – Checking or Saving	
Account Routing Number	
Account Number	
<b>Government Charge Card (GOVCC)</b>	
Charge Card Status Cardholder Yes or No	
Account Number if Yes	
GOVCC Expiry Date if Yes	
<b>Personal Charge Card (Optional)</b>	
Account and Routing Number	
Card Expiry Date	
<b>Optional Work Information</b>	
Printed Organization	
Present Duty Station	
Miles from Office to Airport	
Office Phone	
Office Fax	

Travelers Signature \_\_\_\_\_ Date \_\_\_\_\_