

# Request a New FEDLINK Account



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For the Fiscal Year beginning October 1,

Today's Date:

## A: AGENCY INFORMATION

**Agency Name:**

Select the Agency Affiliation Code (Treasury Code) below.

## B: IAA OFFICIAL CONTACT

Identify the individual responsible for official FEDLINK correspondence including: interagency agreements, orders, Transfer Pay account statements, and invoices. (Required)

**First Name:**

**Last Name:**

**Title:**

**Branch:**

**Address:**

**City:**

**State:**

**Zip:**

**Phone:**

**Email:**

## C: AGENCY FINANCIAL REPRESENTATIVE

Identify the contact for financial information such as IPAC, G-Invoicing, Treasury Symbols, etc.

**First Name:**

**Last Name:**

**Title:**

**Branch:**

**Office:**

**Address:**

**City:**

**State:**

**Zip:**

**Phone:**

**Email:**

When completed, email this form to [fliccfo@loc.gov](mailto:fliccfo@loc.gov).