

FEDMALL STATE GOVERNMENT REGISTRATION FORM

**Sign the User Signature line and forward to the next approving official for review and signature.
 The last approving official or the registrant must electronically send the completed requests to
 J64 Access Management : j64csaccessmanagement@dla.mil**

REGISTRATION INFORMATION

User ID	System Generated
User Type:	US State Government Employee

CONTACT INFORMATION

First Name:	
Middle Initial:	
Last Name:	
Email Address:	
Commercial Phone:	

ORGANIZATION INFORMATION

Department:	
Service/Agency of Assignment:	
Major Command:	
Unit of Assignment:	
DODAAC:	
City:	
State:	
ZIP/Postal Code:	
Country:	

STATE GOVERNMENT INFORMATION

SPOC's or Department/Organization Chief's Name:	
SPOC's or Department/Organization Chief's Phone:	
SPOC's or Department/Organization Chief's Email:	

SUPERVISOR INFORMATION

Supervisor's Name:	
Supervisor's Phone Number:	
Supervisor's Email:	

JUSTIFICATION INFORMATION

Justification for use of FEDMALL:	
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CERTIFICATION/SIGNATURES

I certify that the above information is true and that I am currently employed by the organization that appears on this form.

Customer (Employee) Signature	Name:	
	Title:	
Supervisor's Signature	Name:	
	Title:	
SPOC/ Department or Organizational Chief Signature	Name:	
	Title:	