

**GPC ACTION FOR MICC FORT HOOD**  
(FOR USE OF THIS FORM, SEE 10 USC AND DOD FMR. PROPONENT AGENCY IS MICC.)

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 USC; DOD FMR  
**PURPOSE:** Provide a standardized method for Fort Hood units and organizations to request new or cancel GPC accounts.  
**ROUTINE USE:** Used to establish accounts.  
**DISCLOSURE:** Military personnel and DOD civilians are required to provide some personal information in order to get a GPC account.  
**ACKNOWLEDGEMENT:** Cardholder and BO acknowledge the provisions of the Privacy Act of 1974 by requesting a GPC account.

**SECTION I - EXISTING BILLING OFFICIAL**

1. LAST NAME:		2. DIV/BDE/AGENCY:	
3. FIRST NAME:		4. ADDRESS:	
5. LAST 8 ACC:	6. CITY:	7. STATE:	8. ZIP CODE:

**SECTION II - NEW CARD HOLDER, NEW OR REPLACEMENT BO OR ALTERNATE BO OR CANCELLATION**

9. LAST NAME:		10. E-MAIL:	
11. FIRST NAME:		12. TELEPHONE NUMBER:	
13. CERTIFICATE DATES:			
a. DAU DOD GPC (CLG 001) <input type="checkbox"/> DATE _____	b. DAU ETHICS (CLM 003) <input type="checkbox"/> DATE _____	c. GSA GPC <input type="checkbox"/> DATE _____	
d. US BANK AXOL <input type="checkbox"/> DATE _____	e. FT HOOD GPC <input type="checkbox"/> DATE _____	f. FT HOOD AMPL GPC <input type="checkbox"/> DATE _____	

**SECTION III - APPROVAL**

14. BO AND RM APPROVAL:

ROLE <i>a</i>	NEW <i>b</i>	REPLACE <i>c</i>	CANCEL <i>d</i>	SINGLE PURCHASE LIMIT <i>e</i>	CYCLE LIMIT <i>f</i>	CREDIT LIMIT <i>g</i>
CH						
BO						
ABO						
LIMIT CHANGE						
ACCOUNT LAST 8#						

15a. BO SIGNATURE	15b. DATE	16a. RM SIGNATURE	16b. DATE
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**SECTION VI - PROGRAM**

17. PROGRAM COORDINATOR:

ACTION <i>a</i>	DD577/DOA/COT <i>b</i>	RM AWQ <i>c</i>	BANK/PROFILE <i>d</i>	FILED <i>e</i>
DATE				
INITIAL				

18a. PROGRAM COORDINATOR SIGNATURE:	18b. DATE:
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