

Mr. Leroy Heyward III  
 DTS Resource Advisor I

COM: 785-274-1229, DSN: 720-8229  
 FAX: 785-274-1249

**DTS Registration Worksheet (Note! Please write legible)**

<b>Personal Data</b>	Write Information in Boxes Below
SSN	
First Name	
Middle Initial	
Last Name	
Gender: Circle One	Male or Female
Home Telephone Number with Area Code	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
AKO E-mail Address: (use a MIL email address only) i.e., .MIL, NG, GOV, etc. (Example: john.d.doe1@us.army.mil)	
Home Mailing Address, City, State, and Zip/Postal Code	
<b>Unit Information</b>	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Status: Circle One	Civilian / Officer / Enlisted
Title (e.g. GS11,WO9)/(Rank e.g. SGT, CPT)	
Tech Status: Circle One (Do you work full time for the Guard?)	Yes or No
Unit Station Name	
Unit Address, City, State and Zip/Postal Code and Telephone Number with Area Code	
Emergency Contact Name and Phone Number with Area Code	
<b>Electronic Funds Transfer Data</b>	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Account Type: Circle One	Checking or Saving (Circle One)
Account Routing Number: Must be 9 Numbers	
Account Number	
<b>Government Charge Card (GOVCC) Data</b>	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Do you have a CitiBank Government Travel Card? Circle One	Yes or No
Account Number if Yes	
GOVCC Expiration Date if Yes	
<b>Note! Please write legible</b>	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
There will be someone else creating your profile in the Defense Travel System (DTS).	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

Date \_\_\_\_\_