DEFENSE TRAVEL SYSTEM USER INFORMATION SHEET
(PLEASE PRINT LEGIBLY)
COMMON DATA

SSN:_____

FIRST NAME:_____

MIDDLE INITIAL:_____

LAST NAME:_____

EMAIL:_____

GENERAL TRAVELER DATA

MAILING ADDRESS LINE 1:

MAILING ADDRESS LINE 2:

CITY:_____STATE/COUNTRY:_____ZIP/POSTAL CODE:_____

Is your mailing address the same as your residential address?   _____YES____NO

Distance to the closest airport to your house in miles _____

PERSONAL DATA

GENDER:____MALE_____FEMALE_____(DD MON YYYY)BIRTHDATE

RESIDENT ADDRESS LINE 1:_____

RESIDENT ADDRESS LINE 2:_____

RESIDNET CITY:_____STATE/COUNTRY_____

ZIP/POSTAL CODE:_____

RESIDENT PHONE NUMBER:_____

EMERGENCY CONTACT NAME:_____

EMERGENCY CONTACT PHONE NUMBER:_____

BANK ACCOUNT INFORMATION

BANK NAME:_____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

CHECK ONE: CHECKING   SAVINGS