ARMY CONTRACTING COMMAND - ROCK ISLAND
GOVERNMENT PURCHASE CARD PROGRAM
ELECTRONIC ACCESS APPLICATION
(To be used in conjunction with ACC-RI Regulation 715-1)

PART I.		
NAME (LAST, FIRST, MI):		
TITLE/RANK:		
COMMAND:	**OFFICE SYMBOL:**	
ADDRESS (CITY, STATE, ZIP):		
PHONE (COMM):		**DSN:**
EMAIL ADDRESS:		
SECURITY VERIFICATION IDENTIFER (CHOOSE ONLY ONE)		
FAVORITE SPORTS TEAM:		**PET'S NAME:**
SET-UP (NEW OR REPLACEMENT)		
	NEW	**REPLACEMENT**
RM APPROVAL (RM SUPERVISOR SITUATIONAL AWARENESS):		
NAME (LAST, FIRST, MI):		
TITLE/RANK:		
EMAIL ADDRESS:		
SIGNATURE:		**DATE:**

PART II. READ ONLY ACCESS (LIST ACCOUNTS REQUIRED)

BILLING OFFICIAL	LOCATION	AOPC INPUT (MANAGEMENT #)

USERID:	**PASSWORD:**
AOPC COMPLETED	
NAME (LAST, FIRST, MI):	
SIGNATURE:	**DATE:**