

**DIRECTORY LISTING COORDINATOR (DLC)
DESIGNATION FORM**

Note: All fields are required to be completed

PLEASE PRINT CLEARLY

	Primary DLC Information	Secondary DLC Information	Backup DLC Information
DLC Name:			
DLC Title:			
Telephone Number:	() _____ - _____ EXT _____	() _____ - _____ EXT _____	() _____ - _____ EXT _____
Fax number:			
Agency Name and Mailing Address: (Include City/State/Zip)			
DLC Mailing Address: (If different from above) (Include City/State/Zip)			
Section Name: (if applicable)			
Unit Name: (if applicable)			
Inter-Agency Mail Station (IMS) Code (for State Agencies only)			
Email Addresses: (please provide different email addresses To help ensure at least one person receives Info ADD YOUR PASSWORD)			
ACTION TO BE TAKEN: (put an X in the appropriate box(s))			
Add as new primary DLC	Y[] N[]		
Remove Current primary DLC	Y[] N[]		
Add as new secondary DLC		Y[] N[]	
Remove current secondary DLC		Y[] N[]	
Add as new backup DLC			Y[] N[]
Remove as backup DLC			Y[] N[]
Effective Date:			
_____		_____	
Manager/Supervisor Signature		Manager/Supervisor Name/Title (printed)	