



Use this application only after you have successfully completed testing. Please complete the information below and submit to FSET@dor.ga.gov.

FSET SFTP Production Information	
Company Name	
*Test User ID	
*Test Password	
Business Contact Name	
Business Contact Phone Number	
Business Contact Email	
Technical Contact Name	
Technical Contact Phone Number	
Technical Contact Email	
*Requester's Name	
*Requester's Email	

*For DOR use only

Please select the functional testing area(s):

G-7

1099

Other Transmittal

G-1003

Filing Frequency Exchange

Specify: _____

W-2

Bulk ACH Debit Payments

Signature _____ Date _____