

Fogarty International Center  
**NFTs, Passports, and Visas**

Jeff Chen  
 International Travel Program Specialist

Presentation to NCI - EPN  
 March 8, 2011





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## General Information

Passport Office  
 Fogarty International Center  
 Building 31, Room B2C05  
 Tel: 301-827-5555 (General)  
 Fax: 301-402-1135  
 Hours: Mon.-Fri. 9:00 AM – 5:00 PM, except  
 Federal Holidays  
<http://www.fic.nih.gov/programs/international/index.htm>

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## IC Assignments

<b>Jeff Chen</b>	<b>Sandra Fuentes</b>
CIT	OD
CSR	CC
NCI	FIC
NCCAM	NCMHD
NHGRI	NCRR
NIA	NEI
NIAAA	NHLBI
NIAMS	NIAD
NIDA	NIBIB
NIDCD	NICHD
NIDDK	NIDCR
NIGMS	NIEHS
NIMH	NINR
NINDS	
NLM	

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## Completing NFTs



- Samples 1 & 2
- No all-caps for information
- Traveler's Name, Email Address, Job Title, Employee Status
- Official US Government Passport?
- Country Clearance Prepared? – Yes!
- Preparer Information (Name, Phone, Email)

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## Completing NFTs



- Trip Departure Date
- Trip Arrival Date – need actual day arriving into country of destination
  - Check flight itinerary; or write in the NFT
- Trip Return Date
- Complete Hotel/Lodging Information (Name, Address, Phone)
- Embassy Information no longer needed

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## Completing NFTs



- International Emergency Contact Information
- Trip Purpose Description
  - Write in the Explanation Field in Destination Information section
- Attach Flight Itinerary in TA, if possible
  - Need for country clearance cables for China, Brazil, Colombia, most African nations

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## Completing NFTs



- Include Layover/Annual Leave
- Mandatory personal security training
  - For travels of 30 days or more
  - [http://www.fic.nih.gov/programs/international/security\\_training.htm](http://www.fic.nih.gov/programs/international/security_training.htm)

\* Security Training Certificate  
is valid for 5 years.

## The frustration that is GovTrip



- Add hotel/lodging information first
- Keep trip purpose description to a minimum; no several pages long dissertations
- Same day arrival NFT/TAs
- Upload any remaining information into TA as a pdf, if needed

## NFT Approval



- Make sure properly routed
  - Conditional Approval
  - NFT Pre-Approval
- Routing List
- Two-week rule
  - If an NFT still has not been Final Approved, check to see if the TA was submitted.
- Check GovTrip periodically to see which NFTs have been approved.
- Omega ticket reservations

NFT has to be  
- Conditionally Approved  
- NFT PRE-Approved  
by the Selected AO  
in ORDERED to Route  
Correctly to Jeff Chen.

OMEGA CAN ISSUE TICKETS when the NFT is  
in the "NFT PRE-Approved" status.

## Official Passports



- If traveler is US Citizen and FTE – Mandatory HHS Requirement to use
- Travels once or often
- ONLY exception: Taiwan
- Submit applications 30 days prior to travel
- Do NOT need approved travel authorization to begin the process

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## Official Passports



- Applications
  - Two options for new applicants
    - Form DS-82 (Sample 3)
      - Also used for renewals
    - Form DS-11 (Sample 4)
  - Other forms
    - Form DS-4085 (Sample 5)
    - Form DS-64 (Sample 6)
  - Mailing Address – Fill in “HHIH, Bethesda, MD 20892”
  - SSN
  - No fee

If a fee is applied it would be associated with that country's fee for visas

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## Official Passports



- Photos
  - Must be less than 6 months OLD
- Official Passport renewals – 6-month rule

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## Visas



- Official Passport Visa Chart
  - [http://www.fic.nih.gov/programs/international/visa\\_table.htm](http://www.fic.nih.gov/programs/international/visa_table.htm)
  - Please use this resource; anyone can check
- Do **NOT** need approved travel authorization to submit application
- China, Russia, Belarus, India, Vietnam – start earlier!
- Schengen states – France, Spain, Portugal, Greece

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## Visas



- Foreign Passport holders who need visas
  - Can assist if on travel order
  - Except for India, EU visas
- Any payments – no government/purchase cards can be used = USE PERSONAL CHECK OR CREDIT CARD.

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## Summary/Final Tips



- Accurate/Complete Information
- Remember the Number: 30
- Be proactive
  - Don't wait to hear from my office
- Travelers can also help (in theory)
- Important: Do not need approved travel authorization for passports and visas to be processed
- Training Session

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## Questions?



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**Thank you for attending  
the presentation!**



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# SAMPLE 1

Logged in user: JEFFERY CHEN · Traveler: ASAD UMAR

Authorization: AUGUANGZHOUCH081310\_A01 · TA Number: 00Q2XU

Screen ID: 1625.1

Return to

Make Adjustment    Per Diem    Trip Compare    Additional Options    Accounting    Review & Sign

Home · Route & Review · Additional Options · HFT Information

Step 1 of 4

## Notification of Foreign Travel

Please enter the information below for your foreign travel. Include hotel and work location contact numbers for each destination.

### Traveler's Information:

Last Updated: 07/16/2010 2:42 PM

Name: [REDACTED]  
 Phone Number: [REDACTED]  
 Email Address: [REDACTED]@nih.gov  
 Job Title: Chief, GOCRG/NCI/NIH  
 Employee Status: OTHER  
 Official US Government Passport?: YES

*SELECT IF THE TRAVELER HAS ONE OR IS PLANNING TO GET ONE  
 STANDARD ANSWER IS ALWAYS "YES"*

### Organization/Trip Information:

Country Clearance Prepared?: YES  
 Multilateral Travel: NO  
 Specify if Yes:  
 Meeting/Conference Title: N/A  
 Agency: NIH  
 Cntr/Inst/Ofc/Bureau: NCI  
 Additional Organization Description: GOCRG  
 Agency Track Code:  
 City: POTOMAC  
 State: MD  
 TANUM: 00Q2XU  
 Trip Departure Date: 08/13/2010  
 Trip Return Date: 08/18/2010  
 Late Justification:

(Include when less than 30 days of departure)

Preparer's Name: [REDACTED]  
 Phone Number: 3012830719  
 Email Address: [REDACTED]@mail.nih.gov

### Destination Information:

City: GUANGZHOU  
 Country: CHINA  
 Arrival Date: 08/14/2010  
 Departure Date: 08/18/10  
 Purpose: MEETING SPEAKER/PRESENTER

### Int'l Emergency Contact Info:

Yangyang Song, Guangzhou Institute of Biomedicine and Health, Chinese Academy of Sciences 190 Kai Yuan Avenue, Science Park, Guangzhou, China, 510530, P.R. China Tel: +86-20-32015231, Fax: +86-20-32015299. Hotel: Ramada Plaza Guangzhou, 1 Qingyun Street, East Guangyuan Road, Tianhe District, Guangzhou 510610, China Tel: 1866-652-2041 or 86-10-59059011.

*ENTER LODGINS: NAME, ADDRESS, AND LOCAL TELEPHONE #. NO TOLL FREE #'S*

Area of Activity: CANCER/MALIGNANCIES RESEARCH  
 Add'l Area of Activity:  
 Explanation:

To attend the 2nd China-US Forum on Frontiers of Cancer Research: Cancer Protection & Therapy and to give a presentation Entitled "Cancer Prevention Strategies for GI Cancers an Results from Chinese Studies. Forum meeting date updated to August 16-17, 2010 an hel at the Ramada Plaza Guangzhou Hotel in Guangzhou China.  
**ENTER TRIP PURPOSE HERE**

### Funding Information:

Funding Source	Amount
1 NIH	7212.25
2	0.00
3	0.00
<b>Total:</b>	<b>\$7,212.25</b>

### Detail Funding Information

Remaining Funding: \$0.00

Accounting Code	Amount
1 125895.8381431.2132.HNC4900000C	\$ 7,212.25
<b>Total Funding for Trip:</b>	<b>\$ 7,212.25</b>

### Cost Information:

Air Fare: \$ 5,429.70  
 Per Diem: \$ 1,425.50  
 Other: \$ 357.05  
 Grand Total: \$ 7,212.25  
 Business or Premium Class used? NO  
 If Yes, Explain:

SAMPLE 2

Logged in user: JEFFERY CHEN - Traveler: BENU B DAS

Authorization: BOZURICH5UI081710\_A01 - TA Number: OQQMOR

Screen ID: 1625.1

Return to

Make Adjustment    Per Diem    Trip Compare    Additional Options    Accounting    Review & Sign

Home · Route & Review · Additional Options · IFT Information

Step 1 of 4

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### Notification of Foreign Travel

Please enter the information below for your foreign travel. Include hotel and work location contact numbers for each destination.

**Traveler's Information:**

Last Updated: 07/28/2010 9:37 AM

Name: ██████████  
 Phone Number: ██████████  
 Email Address: ██████████@mail.nih.gov  
 \* Job Title: Visiting Fellow  
 \* Employee Status: OTHER  
 \* Official US Government Passport?: NO

**Organization/Trip Information:**  
 \* Country Clearance Prepared?: NO  
 \* Multilateral Travel?: NO  
 \* Specify If Yes:  
 Meeting/Conference Title: N/A  
 \* Agency: NIH  
 \* Cntr/Inst/Ofc/Bureau: NCI  
 Additional Organization Description: CCR, LMP  
 Agency Track Code:  
 \* City: ROCKVILLE  
 \* State: MD  
 TANUM: OQQMOR  
 Trip Departure Date: 08/16/2010  
 Trip Return Date: 08/22/2010  
 \* Late Justification:  
 (Include when less than 30 days of departure)

Preparer's Name: ██████████  
 Phone Number: ██████████  
 Email Address: ██████████@exchange.nih.gov

**Destination Information:**

City: ZURICH  
 Country: SWITZERLAND  
 Arrival Date: 08/17/2010  
 Departure Date: 08/23/10  
 \* Purpose: MEETING ATTENDEE  
 \* Int'l Emergency Contact Info: In-country contact and Meeting site: Michael Hottiger, University of Zurich, Ramistrasse 71, CH-8006 Zurich, Tel. 41-44-834-11-11; Hotel: Holiday Inn Zurich, Wallisallenstrasse 48, CH-8050 Zurich, Tel. 41-443-161100.  
 \* Area of Activity: CANCER/MALIGNANCIES  
 Add'l Area of Activity:  
 Explanation: Attend PARP 2010 18th International Conference on ADP-ribose Metabolism. Traveler is returning Aug. 22, 2010 not Aug. 23, 2010. Meeting is over at 11:55 am 8/21 and last flight departing Zurich is 1:15pm so traveler has to stay an additional night.

**Funding Information:**

\* Funding Source  
 1 NIH  
 2  
 3

\* Amount  
 2176.57  
 0.00  
 3494.57

Total: \$5,671.14

Remaining Funding: -\$2,511.57

**Detail Funding Information**

Accounting Code  
 103200.8333254.2123.HNC7202000C

Amount  
 \$ 3,159.57  
 \$ 3,159.57

Total Funding for Trip:

**Cost Information:**

Air Fare: \$ 935.00  
 Per Diem: \$ 1,832.00  
 Other: \$ 392.57  
 Grand Total: \$ 3,159.57  
 \* Business or Premium Class used? NO  
 If Yes, Explain:

SAMPLE 3 FOR PERSONAL PASSPORT USE



U.S. PASSPORT RENEWAL APPLICATION FOR ELIGIBLE INDIVIDUALS

OMB APPROVAL NO. 1405-0020  
EXPIRATION DATE: 12-31-2013  
ESTIMATED BURDEN: 40 MIN

Please Print Legibly Using Black Ink Only

Also Called  
"Short Form"

Attention: Read WARNING on page 1 of instructions

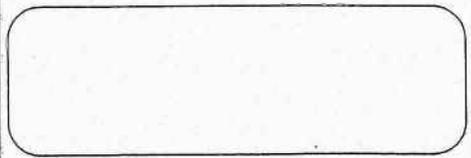
Please select the document(s) for which you are applying:

U.S. Passport Book  U.S. Passport Card  Both

The U.S. passport card is not valid for international air travel. For more information see page 1 of instructions.

28 Page Book (Standard)  52 Page Book (Non-Standard)

Note: The 52 page option is for those who frequently travel abroad during the passport validity period and is recommended for applicants who have previously required the addition of visa pages.



D  O  DP DOTS Code \_\_\_\_\_  
End. # \_\_\_\_\_ Exp. \_\_\_\_\_

1. Name Last

First

Middle

2. Date of Birth (mm/dd/yyyy)

3. Sex  
M F

4. Place of Birth (City & State if in the U.S., or City & Country as it is presently known.)

5. Social Security Number

6. Email Address (e.g. my\_email@domain.com)

7. Primary Contact Phone Number

8. Mailing Address: Line 1: Street/RFD#, P.O. Box, or URB.

HHIH

Address Line 2: Clearly label Apartment, Company, Suite, Unit, Building, Floor, In Care Of or Attention if applicable. (e.g. In Care Of - Jane Doe, Apt # 100)

City

State

Zip Code

Country, if outside the United States

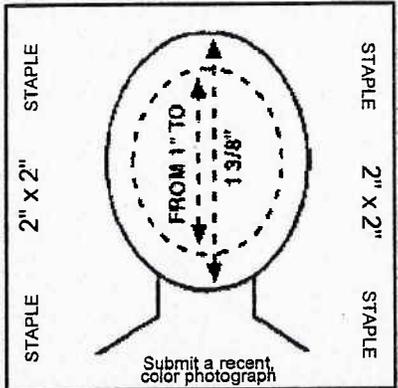
BETHESDA

MD 20892

9. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed)

A.

B.



Submit a recent color photograph

10. Passport Book and/or Passport Card Information

Your name as listed on your most recent passport book and/or passport card

Most recent passport book number

Issue date (mm/dd/yyyy)

Most recent passport card number

Issue date (mm/dd/yyyy)

11. Name Change Information Complete if name is different than last passport book or passport card

Changed by Marriage

Place of Name Change (City/State)

Date (mm/dd/yyyy)

Changed by Court Order

Please submit a certified copy of your marriage certificate or court order to support your name change.

CONTINUE TO PAGE 2

YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW

I declare under penalty of perjury all of the following: 1) I am a citizen or non-citizen national of the United States and have not, since acquiring U.S. citizenship or nationality, performed any of the acts listed under "Acts or Conditions" on the reverse side of this application (unless explanatory statement is attached); 2) the statements made on the application are true and correct; 3) I have not knowingly and willfully made false statements or included false documents in support of this application; 4) the photograph submitted with this application is a genuine, current photograph of me; and 5) I have read and understood the warning on page one of the instructions to the application form.

x \_\_\_\_\_ Applicant's Signature

\_\_\_\_\_ Date

FOR ISSUING OFFICE ONLY

PPT C/R  PPT S/R

Marriage Certificate Date of Marriage/Place Issued:

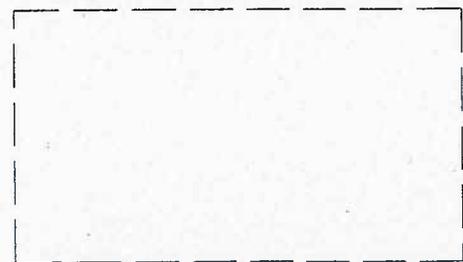
Court Order Date Filed/Court:

From \_\_\_\_\_

To: \_\_\_\_\_

Other:

Attached:



For Issuing Office Only -> Bk Fee \_\_\_\_\_ Cd Fee \_\_\_\_\_ EF \_\_\_\_\_ Postage \_\_\_\_\_ Other \_\_\_\_\_



\* DS 82 C 12 2010 1 \*

Name of Applicant (Last, First & Middle)

Date of Birth (mm/dd/yyyy)

12. Height

13. Hair Color

14. Eye Color

15. Occupation

16. Employer or School (if applicable)

17. Additional Contact Phone Numbers

Home \_\_\_\_\_  
Work \_\_\_\_\_

Home \_\_\_\_\_  
Work \_\_\_\_\_

18. Permanent Address: If P.O. Box is listed under Mailing Address or if residence is different from Mailing Address.

Street/RFD # or URB (No P.O. Box)

Apartment/Unit

City

State

Zip Code

19. Emergency Contact - Provide the information of a person not traveling with you to be contacted in the event of an emergency.

Name

Address: Street/RFD # or P.O. Box

Apartment/Unit

City

State

Zip Code

Phone Number

Relationship

20. Travel Plans

Date of Trip (mm/dd/yyyy)

Duration of Trip

Countries to be visited

**STOP! YOU HAVE COMPLETED YOUR APPLICATION  
BE SURE TO SIGN AND DATE PAGE ONE**



\* DS 82 C 12 2010 2 \*

SAMPLE 4

APPLICATION FOR A U.S. PASSPORT

Please Print Legibly Using Black Ink Only

OMB APPROVAL NO. 1405-0004  
EXPIRATION DATE: 12-31-2013  
ESTIMATED BURDEN: 85 MIN



Attention: Read WARNING on page 1 of instructions

Please select the document(s) for which you are applying:

U.S. Passport Book  U.S. Passport Card  Both

The U.S. passport card is not valid for international air travel. For more information see page 1 of instructions.

28 Page Book (Standard)  52 Page Book (Non-Standard)

Note: The 52 page option is for those who frequently travel abroad during the passport validity period and is recommended for applicants who have previously required the addition of visa pages.

1. Name - Last

First

Middle

2. Date of Birth (mm/dd/yyyy)

3. Sex  
M F

4. Place of Birth (City & State if in the U.S., or City & Country as it is presently known.)

5. Social Security Number

6. Email Address (e.g. my\_email@domain.com)

7. Primary Contact Phone Number

D  O  DP DOTS Code  
End # Exp.

8. Mailing Address: Line 1: Street/RFD#, P.O. Box, or URB:

H H I H

Address Line 2: Clearly label Apartment, Company, Suite, Unit, Building, Floor, In Care Of or Attention if applicable. (e.g. In Care Of - Jane Doe, Apt # 100)

City State Zip Code Country, if outside the United States

BETHESDA

M D

20892

9. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed)

A

B

10. Parental Information

Mother/Father/Parent - First & Middle Name

Last Name (at Parent's Birth)

Date of Birth (mm/dd/yyyy)

Place of Birth

Sex U.S. Citizen?

Male  Yes  
 Female  No

Mother/Father/Parent - First & Middle Name

Last Name (at Parent's Birth)

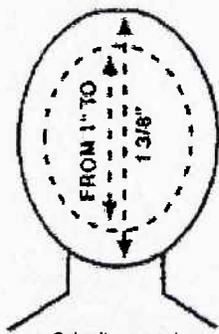
Date of Birth (mm/dd/yyyy)

Place of Birth

Sex U.S. Citizen?

Male  Yes  
 Female  No

STAPLE  
2" X 2"  
STAPLE



Submit a recent color photograph

CONTINUE TO PAGE 2

DO NOT SIGN APPLICATION UNTIL REQUESTED TO DO SO BY AUTHORIZED AGENT

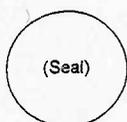
I declare under penalty of perjury, all of the following: 1) I am a citizen or non-citizen national of the United States and have not, since acquiring U.S. citizenship or nationality, performed any of the acts listed under "Acts or Conditions" on the reverse side of this application (unless explanatory statement is attached); 2) the statements made on the application are true and correct; 3) I have not knowingly and willfully made false statements or included false documents in support of this application; 4) the photograph submitted with this application is a genuine, current photograph of me; and 5) I have read and understand the warning on page one of the instructions to the application form.

X Applicant's Legal Signature - age 16 and older

X Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)

X Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)

Acceptance Agent  (Vice) Consul USA  Passport Staff Agent



Facility Name/Location

Facility ID Number

Agent ID Number

Signature of person authorized to accept applications

Date

For Issuing Office Only -> Bk Card Execution EF Postage Other



\* DS 11 C 12 2010 1 \*

USE THIS FORM IF TRAVELER HAS NEVER HAD OR DO NOT WANT TO USE THEIR PERSONAL PASSPORT

**Name of Applicant (Last, First & Middle)** \_\_\_\_\_ **Date of Birth (mm/dd/yyyy)** \_\_\_\_\_

**(1) Height** \_\_\_\_\_ **(2) Hair Color** \_\_\_\_\_ **(3) Eye Color** \_\_\_\_\_ **(4) Occupation (If age 16 or older)** \_\_\_\_\_ **(5) Employer or School (If applicable)** \_\_\_\_\_

**(6) Additional Contact Phone Numbers**  
 \_\_\_\_\_  Home  Cell \_\_\_\_\_  Home  Cell  
 \_\_\_\_\_  Work \_\_\_\_\_  Work \_\_\_\_\_

**(7) Permanent Address - (If P.O. Box is listed under Mailing Address, or if residence is different from Mailing Address)**  
**Street/RFD or URB (No P.O. Box)** \_\_\_\_\_ **Apartment/Unit** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**(8) Emergency Contact - Provide the information of a person not traveling with you to be contacted in the event of an emergency.**  
**Name** \_\_\_\_\_ **Address: Street/RFD or P.O. Box** \_\_\_\_\_ **Apartment/Unit** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Phone Number** \_\_\_\_\_ **Relation to you** \_\_\_\_\_

**(9) Travel History**  
**Date of Trip (mm/dd/yyyy)** \_\_\_\_\_ **Duration of Trip** \_\_\_\_\_ **Countries to be Visited** \_\_\_\_\_

**20. Have you ever been married?**  Yes  No *If yes, complete the remaining items in #20.*  
**Full Name of Current Spouse or Most Recent Spouse** \_\_\_\_\_ **Date of Birth (mm/dd/yyyy)** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_ **U.S. Citizen?**  Yes  No  
**Date of Marriage (mm/dd/yyyy)** \_\_\_\_\_ **Have you ever been widowed or divorced?**  Yes  No **Date (mm/dd/yyyy)** \_\_\_\_\_

**21. Have you ever applied for or been issued a U.S. Passport Book?**  Yes  No *If yes, complete the remaining items in #21.*  
**Name as printed on your most recent passport book** \_\_\_\_\_ **Most recent passport book number** \_\_\_\_\_  
**Status of your most recent passport book**  Submitting with application  Stolen  Lost  In my possession (If expired) **Date most recent passport book was issued or approximate date you applied (mm/dd/yyyy)** \_\_\_\_\_

**22. Have you ever applied for or been issued a U.S. Passport Card?**  Yes  No *If yes, complete the remaining items in #22.*  
**Name as printed on your most recent passport card** \_\_\_\_\_ **Most recent passport card number** \_\_\_\_\_  
**Status of your most recent passport card**  Submitting with application  Stolen  Lost  In my possession (If expired) **Date most recent passport card was issued or approximate date you applied (mm/dd/yyyy)** \_\_\_\_\_

**PLEASE DO NOT WRITE BELOW THIS LINE**

**FOR ISSUING OFFICE ONLY**

Sole Parent

**Name as it appears on citizenship evidence**

Birth Certificate SR CR City Filed: \_\_\_\_\_ Issued: \_\_\_\_\_

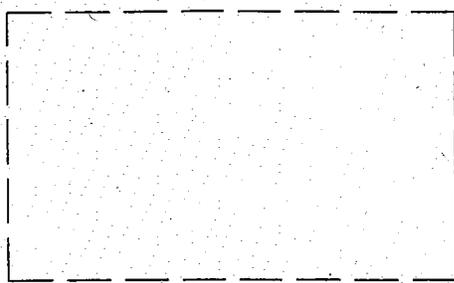
Report of Birth 240 545 1350 Filed/City: \_\_\_\_\_

Nat. / Citz. Cert. Date/Place Acquired: \_\_\_\_\_ A# \_\_\_\_\_

Passport C/R S/R Per PIERS #DOI: \_\_\_\_\_

Other: \_\_\_\_\_

Attached:  
 P/C of ID  DS-3053  DS-64  Bio Quest  Citz W/S  DS-10  DS-86  DS-71  DS-60



\* DS 11 C 12 2010 2 \*

SAMPLE 5

APPLICATION FOR ADDITIONAL VISA PAGES OR MISCELLANEOUS SERVICES

Please Print Legibly Using Black Ink Only

OMB APPROVAL NO. 1405-0159 EXPIRATION DATE: 12-31-2013 ESTIMATED BURDEN: 20 MIN



USE TO ADD PAGES TO EXISTING PASSPORT

Attention: Read WARNING on page 1 of instructions

Please select the 52 page option only if you prefer to add 52 visa pages in lieu of the standard 26 extra pages to your passport book. The larger book is appropriate for those who anticipate very frequent travel abroad during the passport validity period and is recommended for applicants who have required the addition of visa pages in the past. NOTE: If pages have been added to your passport book previously, we may not be able to accommodate your request.

52 Pages

VP1 VP DOTS Code

1. Name as Listed on Passport: Last

First Middle

2. Date of Birth (mm/dd/yyyy)

3. Sex

M F

4. Place of Birth (City & State if in the U.S. or City & Country as it is presently known.)

5. Social Security Number

6. Email Address (e.g. my\_email@domain.com)

7. Primary Contact Phone Number

8. Mailing Address: Line 1: Street/RFD#, P.O. Box, or URB.

H H I H

Address: Line 2: Clearly label Apartment, Company, Suite, Unit, Building, Floor, in Care Of or Attention if applicable (e.g. In Care Of: Jane Doe, Apt # 100)

City State Zip Code Country, if outside the United States

B E T H E S D A M D 2 0 8 9 2

9. Current Passport Number

10. Permanent Address - Street/RFD # or URB (if Mailing Address is not residence - No P.O. Box) Apartment/Unit

Issue date (mm/dd/yyyy)

City

State

Zip Code

11. Additional Contact Phone Number

Home Call Work

12. Occupation (if age 16 or older)

13. Employer or School (if applicable)

14. Emergency Contact - Provide the information of a person not traveling with you to be contacted in the event of an emergency.

Name Address: Street/RFD # or P.O. Box Apartment/Unit

City State Zip Code Phone Number Relationship

15. Travel Plans

Date of Trip (mm/dd/yyyy) Duration of Trip Countries to be visited

YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW

I declare under penalty of perjury all of the following: 1) I am a citizen or non-citizen national of the United States and have not, since acquiring U.S. citizenship or nationality, performed any of the acts listed under "Acts or Conditions" on the reverse side of this application (unless explanatory statement is attached); 2) the statements made on the application are true and correct; 3) I have not knowingly and willfully made false statements or included false documents in support of this application; 4) I have read and understood the warning on page one of the instructions to the application form.

x Applicant's Signature - age 16 and older

Date

x Parent's/Legal Guardian's Signature (if identifying minor)

FOR ISSUING OFFICE ONLY

Other:

Attached:



For Issuing Office Only Visa Pg Fee EF Postage Other

\* DS 4085 C 12 2010 1 \*



USE THIS FORM ALONG WITH DS-11 FORM TO REPLACE

SAMPLE 6

U.S. Department of State

OMB No. 1405-0014 Expires: 04-30-2011 Estimated Burden: 5 Minutes\*

STATEMENT REGARDING A LOST OR STOLEN PASSPORT

IMPORTANT NOTICE

A U.S. citizen may not normally bear more than one valid or potentially valid U.S. passport book and one valid passport card at a time. If there is a need to submit a statement with an application for a new U.S. passport when a previously issued valid or potentially valid U.S. passport cannot be presented...

Protect yourself against identity theft! Report a lost or stolen passport book or passport card!

Please select the document (or documents) which you are reporting and its status.

U.S. Passport Book

Lost Stolen checkboxes

U.S. Passport Card

Lost Stolen checkboxes

1. IDENTIFYING INFORMATION

Type or print legibly in blue or black ink in white areas only.

Last Name, First Name, Middle Name fields

Has your name changed since the passport was issued? If yes, state the name in which the lost or stolen passport was issued.

Sex, Date of Birth, Place of Birth, Social Security Number fields

Current Address field

Home Telephone Number, Work Telephone Number, E-mail Address fields

2. LOST OR STOLEN PASSPORT INFORMATION

Answer all questions completely. If you do not know the answer in detail, be as exact as possible.

List your lost or stolen passport numbers and List the date(s) your lost or stolen passport(s) were issued

How, where and on what date did the loss or theft take place? If lost, what efforts were made to recover the passport?

If you have had any other U.S. passport lost or stolen, give the approximate date of this loss or theft and any additional information you can provide.

Are you submitting this form in connection with an application for a new passport? Yes No

I, the undersigned, declare under penalty of perjury that the information furnished herein is correct and complete and that I have not given my passport book and/or passport card to another person or disposed of it in an unauthorized manner.

Signature Date fields

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