Official Passport Action Request

Part A Action Requested *(REQUIRED)*

☐ **eCC only** ☐ **Visa(s)** ☐ **Amendment**

Part B Employee Information *(REQUIRED)*

Name of Traveler *(First Name Middle Name Last Name, Suffix)*	Date of Birth *(mm/dd/yyyy)*	Place of Birth *(City, State or Country)*	
Official Title of Traveler		Grade	Social Security No.
Agency and Area Name		City	State
Business and Personal Email Address			

Part C Official Passport Information *(REQUIRED)*

Official and/or National Passport Number	Expiration Date
UPS TRACKING INFORMATION FOR PACKAGES TO FMAD-TRAVEL	Tracking Number:

Part D Personal Information *(REQUIRED)*

☐ Male ☐ Female | Marital status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widow(er)

Home Address:

City, State Zip Code:

Business and Home Phone Number:	☐ ***Check if International Cell Number**
Security Clearance Level:	Date Security Clearance Obtained

Part E 24/7 US Emergency Contact Information *(REQUIRED)* *(Family member or friend)*

Name:	Relationship:

Address

City, State Zip Code:

Phone Numbers (Home / Cell / Work) and Personal Email Address

Part F Purpose of Visit *(REQUIRED)*

Conference: ◯ Yes ◯ No Conf. Name:

Mission Trip: ◯ Yes ◯ No Name:

Participation: ◯ Presenter ◯ Instructor ◯ Student ◯ Collaboration ◯ Other= Mission funded by other: ◯ Yes ◯ No Who?

Purpose of Visit /Project Description (include mission name) **~ CRITICAL FOR TRAVEL:**

Part G Do you require Embassy Assistance or Services?	Yes	No
Do you need access to the building?		
Hotel Reservations ~ *List name of preferred hotel or location and required dates in Assistance Request Details box (accounting code required):*		
Airport Transportation ~ *Describe specific requirement i.e. dates, times, pickup & drop off locations in Assistance Request Details box (accounting code required):*		
Accompanying Pouch:		
Appointment Request:		
Other Assistance:		
Fiscal Data-accounting code:		
Assistance Request Details:		

Part H Travel Itinerary *(REQUIRED)*

Destination Country	Destination Cities	Start Date	End Date

Part I US Office Contact Information *(REQUIRED)*

USDA Agency / US Contact Name / Address / Phone and Fax Number / Email Address:

Part J In-Country Contact Information *(REQUIRED)*

Name / Business/Agency Affiliation / Address / Phone and Fax Number / Email Address:

Embassy Point of Contact Name, Phone Number, and Email Address at Post (N/A if none):

Part K Transportation Information *(REQUIRED)*

Flight/Rail/Car/Taxi *i.e. United 374*	Departure Point *Washington Dulles*	Departure Date/Time *6/26/14 3:40pm*	Arrival Point *London*	Arrival Date/Time *6/27/14 10:00am*

Part L Hotel Information *(REQUIRED)*

Hotel Name	Street Address	City and Country	Local Telephone #

Part M Other Embassy/Requested Information *(REQUIRED)* *i.e. HTSOS, PDSD BRIEFING, MEDEVAC, and STEP INFORMATION.*