Official Passport Action Request

Part A – Action Requested *(REQUIRED)*

☐ **Issue Official Passport** ☐ **Renewal of Official Passport** ☐ **eCC only /Re-validation** ☐ **Visa(s)** ☐ **Amendment** ☐ **Cancellation**

For new or renewal of official passport without a trip, complete Part A through H.

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. *(Required)*
Agency Name, Area Name, and Duty station *(City and State)*		Business Service Center	Region/Area
Email Address (*Required*)			

Part C - Official Passport Information *(REQUIRED)*

Official Passport Number personal passport info here - leave blank if no passp	Expiration Date
UPS TRACKING INFORMATION FOR PACKAGE(S) SENT TO NCRBSC	Tracking Number:

Part D - Personal Information *(REQUIRED)*

☐ Male ☐ Female	Marital status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widow(er)
Home Address:	
City, State Zip Code:	
Home Phone Number:	Cell Number:
Security Clearance Level: If no security clearance then answer: NONE	Date Security Clearance Obtained:

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

Name:	Relationship:
Address	
City, State Zip Code:	
Phone Numbers (Home / Cell / Work)	

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 conference name/mission name) ~ **CRITICAL FOR TRAVEL**:

Part G - Do you require Embassy Assistance or Services? *(REQUIRED)*

	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
		choose date 8 wks out	choose date 1 wk later

Part I – US Contact Information *(REQUIRED)*

USDA Agency / US Contact Name / Phone Number / Email:

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

In-Country Contact Name / Business/Agency Affiliation / Phone Number / Email:

POC Name at Embassy Post (N/A if none):

Part K – Carrier Information *(REQUIRED)*

Carrier & Flight # *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 – Comments for BSC Travel Specialist use only