



REQUEST FOR ESCORT SCREENING COURTESIES

Processing and coordination require that submissions be made at least three (3) business days prior to initial departure date. Please e-mail completed forms to ESCORTSCREENING@STATE.GOV. Please direct questions to OFM at 202-647-4554 or 202-736-4311/4123.

Date of Request <input type="text"/> <input type="text"/> <input type="text"/> month/day/year (Example: January 30, 2004)		Passport Nationality _____	
		Passport Number _____	
Full Name of Traveler _____			
Official Title _____			
Date of Birth _____ month/day/year (Example: January 30, 2004)		Country of Birth _____	
		City of Birth _____	
Point of Contact**			
Organization			
Telephone and Fax Numbers		Phone	Extension
After Hours Telephone Number(s)			
E-mail Address for Confirmation			

**The name of the Mission's point of contact must appear on the form or the request will not be processed.

Flight Itinerary

	If traveling from or to DC or NY, choose Airport from dropdown list (click on the "Airport" box); otherwise, please type name of Airport in shaded box.		Enter time as: Hour : Minute 00 : 00
Airline and Flight Number _____	Departure Airport <input type="text"/>	month/day/year <input type="text"/> <input type="text"/> <input type="text"/>	Time _____ <input type="text"/> am <input type="text"/> pm
	Arrival Airport <input type="text"/>	month/day/year <input type="text"/> <input type="text"/> <input type="text"/>	_____ <input type="text"/> am <input type="text"/> pm
Airline and Flight Number _____	Departure Airport <input type="text"/>	month/day/year <input type="text"/> <input type="text"/> <input type="text"/>	_____ <input type="text"/> am <input type="text"/> pm
	Arrival Airport <input type="text"/>	month/day/year <input type="text"/> <input type="text"/> <input type="text"/>	_____ <input type="text"/> am <input type="text"/> pm
Airline and Flight Number _____	Departure Airport <input type="text"/>	month/day/year <input type="text"/> <input type="text"/> <input type="text"/>	_____ <input type="text"/> am <input type="text"/> pm
	Arrival Airport <input type="text"/>	month/day/year <input type="text"/> <input type="text"/> <input type="text"/>	_____ <input type="text"/> am <input type="text"/> pm

Itinerary continues on next page Yes No

Full Name of Traveler
Official Title
Nationality

Flight Itinerary Continuation

	If traveling from or to DC or NY, choose Airport from dropdown list (click on the "Airport" box); otherwise, please type name of Airport in shaded box.		Enter time as: Hour : Minute 00 : 00
Airline and Flight Number <hr/>	Departure Airport <input type="text"/>	month/day/year <input type="text"/> <input type="text"/> <input type="text"/>	Time _____ <input type="text"/> am <input type="text"/> pm
	Arrival Airport <input type="text"/>	month/day/year <input type="text"/> <input type="text"/> <input type="text"/>	_____ <input type="text"/> am <input type="text"/> pm
Airline and Flight Number <hr/>	Departure Airport <input type="text"/>	month/day/year <input type="text"/> <input type="text"/> <input type="text"/>	_____ <input type="text"/> am <input type="text"/> pm
	Arrival Airport <input type="text"/>	month/day/year <input type="text"/> <input type="text"/> <input type="text"/>	_____ <input type="text"/> am <input type="text"/> pm
Airline and Flight Number <hr/>	Departure Airport <input type="text"/>	month/day/year <input type="text"/> <input type="text"/> <input type="text"/>	_____ <input type="text"/> am <input type="text"/> pm
	Arrival Airport <input type="text"/>	month/day/year <input type="text"/> <input type="text"/> <input type="text"/>	_____ <input type="text"/> am <input type="text"/> pm
Airline and Flight Number <hr/>	Departure Airport <input type="text"/>	month/day/year <input type="text"/> <input type="text"/> <input type="text"/>	_____ <input type="text"/> am <input type="text"/> pm
	Arrival Airport <input type="text"/>	month/day/year <input type="text"/> <input type="text"/> <input type="text"/>	_____ <input type="text"/> am <input type="text"/> pm
Airline and Flight Number <hr/>	Departure Airport <input type="text"/>	month/day/year <input type="text"/> <input type="text"/> <input type="text"/>	_____ <input type="text"/> am <input type="text"/> pm
	Arrival Airport <input type="text"/>	month/day/year <input type="text"/> <input type="text"/> <input type="text"/>	_____ <input type="text"/> am <input type="text"/> pm

Privacy Act and Paperwork Reduction Statement

***AUTHORITIES:** Foreign Missions Act of 1982 (22 U.S.C. 4301-4316) as amended.

PURPOSE: The information solicited on this form will be used by the U.S. Department of State (DOS) to adjudicate requests for the assignment of DOS representatives to escort eligible senior officials of foreign governments through the airport security screening process.

ROUTINE USES: The information provided on this form may be provided to other federal agencies for law enforcement, administrative or other statutorily authorized purposes. This information also may be provided to the employing foreign government or international organization.

Disclosure: Submission of information is voluntary; however, failure to provide any of the requested information may result in the denial of the requested service.

***Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: DS/OFM, 3507 International Place NW, Washington, DC 20008.**