



APPLICATION FOR OFM WEBSITE ACCOUNT

Email application to OFM HelpDesk at OFMeGovHelpDesk@state.gov

Type of Request

<input type="checkbox"/> New Account	<input type="checkbox"/> Change to Existing Account	<input type="checkbox"/> Delete Account
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Section 1 Applicant Information

Mission _____

1. Surname	2. Given Name	3. Middle Initial	4. PID
5. Date of Birth (mm-dd-yyyy)	6. Telephone Number	7. E-mail Address	

Section 2 User Acknowledgement

I understand that I am authorized to use this account for the sole purpose of requesting certain privileges and benefits provided by the U.S. Department of State to the mission(s) listed in Section 4 of this application. Any other users of this account are strictly prohibited. I will not divulge my login or password to any other person. I will notify the OFM HelpDesk if I have any reason to believe my password has been compromised. I further acknowledge that improper use could result in administrative action against me.

Print Name _____

Signature _____ Date (mm-dd-yyyy) _____

Section 3 Account Access (check applicable sections)

<input type="checkbox"/> All	<input type="checkbox"/> Bonded Warehous	<input type="checkbox"/> Port Courtesies
<input type="checkbox"/> Accreditation	<input type="checkbox"/> Customs	<input type="checkbox"/> Tax
<input type="checkbox"/> Airport Escort	<input type="checkbox"/> DMV	<input type="checkbox"/> White House Tours

Privacy Act and Paperwork Reduction Statement

***AUTHORITIES:** The information is sought pursuant to Vienna Convention on Diplomatic Relations of 1961; Vienna Convention on Consular Relations of 1963; Diplomatic Relations Act (22 U.S.C. 254a-e); International Organizations Immunities Act (22 U.S.C. 288e (a)); Foreign Missions Act of 1982 (22 U.S.C. 4301-4316) as amended.

PURPOSE: The purpose of this form is to authorize access to the Office of Foreign Missions' electronic data submission (e-Gov) system. The information solicited on this form will be used to determine eligibility and create user accounts for the e-Gov system.

ROUTINE USES: The information provided on this form may be provided to other federal agencies for law enforcement, administrative or other statutorily authorized purposes as covered under STATE 36, Security Records. This information also may be provided to the employing foreign government or international organization.

DISCLOSURE: Providing this information is voluntary; Failure to provide the information requested on this form may result in denial of access to the E-Gov system.

PAPERWORK REDUCTION ACT: *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: M/OFM, 3507 International Place NW, Washington, DC 20008.

Section 4 Authorized Missions

Mission	City	State	ZIP Code

Section 5 Head of Post Acknowledgement

The applicant listed on this form is an accredited member of the post of which I am the head. I certify this applicant should have the account access as indicated on this form. I acknowledge if I am made aware of or suspect any improper use of this account, I will promptly notify OFM at OFMeGovHelpDesk@state.gov .

Print Name _____ PID _____

Signature _____ Date (mm-dd-yyyy) _____

E-mail _____

*****Mission Seal Required*****

Section 6 Office of Foreign Missions Approval

Print Name _____

Signature _____ Date (mm-dd-yyyy) _____