

\*OMB APPROVAL NO. 1405-xxxx EXPIRATION DATE: ESTIMATED BURDEN:



## **APPLICATION FOR OFM WEBSITE ACCOUNT**

Fax completed application to OFM System Director fax 202-895-3669

Type of Request					
New Account	Change to Existing Account	Delete Acco	ount		
Section 1 Applicant Information Country					
1. Surname	2. Given Name	3. Middle Initial		4. PID	
5. Date of Birth (mm-dd-yyyy)	6. Telephone Number	7. E-mail Address			
8. Mission of Assignment	9. City	10. State		11. ZIP Code	
Section 2 User Acknowledgement					
Missions and Office of Protocol services prohibited. I will not divulge my login or p	e this account only for the submission of appears for the missions listed in Section 3 of this bassword to any other entity. I will notify OFN pledge that improper use of this account could	application. Any of Systems if I have a	ther uses ny reason	of this account are strictly to believe my password	
Name	Signature				
Telephone	Telephone Date (mm-dd-yyyy)				
Section 3 Authorized Missions					
		State	ZIP Cod	e	
Section 3 Authorized Missions				е	
Section 3 Authorized Missions				e	
Section 3 Authorized Missions				e	
Section 3 Authorized Missions				е	
Section 3 Authorized Missions				e	
Section 3 Authorized Missions	City			e	
Section 3 Authorized Missions  Mission  Section 4 Mission Administrative Office  The applicant listed on this form is an acc applicant should have the rights to submit	r Acknowledgement  redited member of the Mission of Assignmen applications for U.S. Department of State, Capplication. I acknowledge if I am made awa	State  t referenced in Block ffice of Foreign Miss	ZIP Cod	on 1 above. I certify that	
Section 3 Authorized Missions  Mission  Section 4 Mission Administrative Office  The applicant listed on this form is an acc applicant should have the rights to submit for the Missions listed in Section 3 of this necessary assistance to address the situation	r Acknowledgement  redited member of the Mission of Assignmen applications for U.S. Department of State, Capplication. I acknowledge if I am made awa	State  It referenced in Block office of Foreign Missure of any improper u	8 of Sections and Cose of this a	on 1 above. I certify that office of Protocol services account I will provide all	
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## **Privacy Act and Paperwork Reduction Statement**

\*AUTHORITIES: 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, state, and local government agencies for law enforcement, administrative or other statutorily authorized purposes. This information also may be provided to the employing foreign government or international organization.

**PAPERWORK REDUCTION ACT:** \*Public reporting burden for this collection of information is estimated to average xx 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: A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202.