



SMART TRAVELER ENROLLMENT PROGRAM

The Smart Traveler Enrollment Program is a free service provided by the U.S. Government to U.S. citizens who are traveling to, or living in, a foreign country. Enrollment allows you to record information about your upcoming trip abroad that the U.S. Department of State can use to assist you in case of an emergency. To enroll your trip or foreign residence, please fill out the form below and return to the U.S. Department of State.

Personal Information: Fill out your Personal Information

Full Name (Last, First, Middle)

[Redacted Name Fields]

Mailing Address	City	U.S. State or Foreign Province		
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Country	Postal Code	Phone Number	Fax Number	Email Address
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Date of Birth (mm-dd-yyyy)	Citizenship	Marital Status	Gender	Occupation
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U.S. Passport Information:

Passport Number OR:	Passport Card Number	Passport/Passport Card Date of Issue (mm-dd-yyyy)	Passport/Passport Card Date of Expiration (mm-dd-yyyy)
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Emergency Contact Information: Fill out your Emergency Contact Information. Your Emergency Contact should be someone who is not traveling or living with you.

Full Name (Last, First, Middle)

[Redacted Name Fields]

Mailing Address	City	U.S. State or Foreign Province		
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Country	Postal Code	Phone Number	Fax Number	Email Address
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Relationship to Primary Traveler/Resident

Business Information: If you have a separate business address, please fill in your contact information.

Full Name (Last, First, Middle)

[Redacted Name Fields]

Mailing Address	City	U.S. State or Foreign Province		
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Country	Postal Code	Phone Number	Fax Number	Email Address
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[Large empty box for additional information]

PAPERWORK REDUCTION ACT

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including time required for searching existing data sources, gathering the necessary documents, providing the information or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a valid Office of Management and Budget (OMB) number. If you have comments on the accuracy of this burden estimate or recommendations for reducing it, please send them to: A/GIS/DIR, Room 2400, SA-2, U.S. Department of State, Washington, DC 20522-2202

PRIVACY ACT INFORMATION

Fill out your Privacy Act information. You must check the check box to indicate that you have read the Privacy Act Notice.

The U.S. Department of State is committed to ensuring that any personal information received by our overseas embassies and consulates pursuant to the enrollment process, whether in person or otherwise, is safeguarded against unauthorized disclosure. The data that you provided the U.S. Department of State is subject to the provisions of the Privacy Act (5 USC § 552a). This means that the U.S. Department of State will not disclose the information you provide us in your enrollment application to any third parties unless you have given us written authorization to do so, or unless the disclosure is otherwise permitted by the Privacy Act.

AUTHORITY: 22 U.S.C. § 2715, 22 U.S.C. § 4802(b), 22 C.F.R. § 71.1 and 22 C.F.R. § 71.6.

PURPOSE: To notify U.S. citizens in the event of a disaster, emergency or other crisis, and for evacuation coordination. The information solicited on this form may be made available as a routine use to appropriate agencies whether federal, state, local, or foreign, to assist the Department in the evacuation or provision of emergency service to U.S. citizens, or for law enforcement and administration purposes or pursuant to court order. The information is also made available to private U.S. citizens, known as wardens, designated by U.S. embassies to assist in communicating with the American community in an emergency. For a complete statement of the routine uses to which this information may be put, see the Prefatory Statement of Routine Uses and the listing of routine uses set forth in the systems description for Overseas Citizens Services Records (State-05), found at <http://foia.state.gov/issuances/priviss.asp>.

I have read the terms of the Privacy Act Notice.

I do not authorize the U.S. Department of State to disclose my information to anyone except as authorized by law.

OR

I agree to allow the U.S. Department of State to disclose my information to:

- Family Members
- Friends
- Legal Representative
- Media
- Medical Representative
- Members of Congress
- Other

Waiver Comments Please use this space below to specify individuals, explain, or clarify your response or describe your selection of "Other"

Itinerary

Please provide enough information about your Destination or Overseas Residence to help a U.S. consular officer contact you in case of an emergency. The Type of Visit, Destination, Date of Arrival, Destination, Date of Departure (except for Indefinite Stay visits), and Country must be entered. For example, providing the hotel name, the city, and the country will be useful, even if you can not provide the hotel phone number.

Type of Visit <i>(Select One)</i> <input type="checkbox"/> Extended Stay <input type="checkbox"/> Indefinite Stay <input type="checkbox"/> Frequent Visit <input type="checkbox"/> One-Time Visit	Date of Arrival At Destination <i>(mm-dd-yyyy)</i>	Purpose of Visit
	Date of Departure from Destination <i>(mm-dd-yyyy) (If any)</i>	

Destination Information:	Destination Type <i>(Select One)</i>
	<input type="checkbox"/> Home <input type="checkbox"/> Hotel <input type="checkbox"/> School <input type="checkbox"/> Other

Mailing Address	City	Foreign State or Province
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Country	Postal Code	Phone Number	Fax Number	Email Address
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Additional Travelers/Members of Household

If you are traveling or residing with one or more travelers/members of household, please fill out their Personal Information below. Attach additional copies of this form if you need more space.

Additional Traveler/Member of Household #1

Full Name <i>(Last, First, Middle)</i>	[Redacted]	
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Mailing Address	City	U.S. State or Foreign Province
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Country	Postal Code	Phone Number	Fax Number	Email Address
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Date of Birth <i>(mm-dd-yyyy)</i>	Citizenship	Relationship to Primary Traveler/Resident
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Comments

U.S. Passport Number	OR:	U.S. Passport Card Number	Passport/Passport Card Date of Issue <i>(mm-dd-yyyy)</i>	Passport/Passport Card Date of Expiration <i>(mm-dd-yyyy)</i>

Additional Travelers/Members of Household

If you are traveling or residing with one or more travelers/members of household, please fill out their Personal Information below. Attach additional copies of this form if you need more space.

Additional Traveler/Member of Household #2

Full Name <i>(Last, First, Middle)</i>	[Redacted]	
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Mailing Address	City	U.S. State or Foreign Province
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Country	Postal Code	Phone Number	Fax Number	Email Address
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Date of Birth <i>(mm-dd-yyyy)</i>	Citizenship	Relationship to Primary Traveler/Resident
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Comments

U.S. Passport Number	OR:	U.S. Passport Card Number	Passport/Passport Card Date of Issue <i>(mm-dd-yyyy)</i>	Passport/Pasport Card Date of Expiration <i>(mm-dd-yyyy)</i>

Additional Traveler/Member of Household #3

Full Name (Last, First, Middle)

Mailing Address

City

U.S. State or Foreign Province

Country

Postal Code

Phone Number

Fax Number

Email Address

Date of Birth (mm-dd-yyyy)

Citizenship

Relationship to Primary Traveler/Resident

Comments

U.S. Passport Number

U.S. Passport Card Number

Passport/Passport Card Date of Issue (mm-dd-yyyy)

Passport/Passport Card Date of Expiration (mm-dd-yyyy)

OR:

If there are any additional destinations, please attach the required information on a separate sheet of paper.**Additional Destination Information:**

If you are visiting more than one city or country during your trip, enter details about your destination that could help a consular officer contact you in case of an emergency. Attach additional copies of this form if you need more space.

Additional Destination #1:

Date of Arrival at Destination (mm-dd-yyyy)

Purpose of Visit

Type of Visit (Select One)

- Extended Stay
 Indefinite Stay
 Frequent Visit
 One-Time Visit

Date of Departure from Destination (mm-dd-yyyy) (If any)

Destination Information:

Destination Type (Select One)

- Home Hotel School Other

Mailing Address

City

Foreign State or Province

Country

Postal Code

Phone Number

Fax Number

Email Address

Additional Destination Information:

If you are visiting more than one city or country during your trip, enter details about your destination that could help a consular officer contact you in case of an emergency. Attach additional copies of this form if you need more space.

Additional Destination #2:

Date of Arrival at Destination (mm-dd-yyyy)

Purpose of Visit

Type of Visit (Select One)

- Extended Stay
 Indefinite Stay
 Frequent Visit
 One-Time Visit

Date of Departure from Destination (mm-dd-yyyy) (If any)

Destination Information:

Destination Type (Select One)

- Home Hotel School Other

Mailing Address

City

Foreign State or Province

Country

Postal Code

Phone Number

Fax Number

Email Address

Additional Destination Information:

If you are visiting more than one city or country during your trip, enter details about your destination that could help a consular officer contact you in case of an emergency. Attach additional copies of this form if you need more space.

Additional Destination #3:

Type of Visit (Select One)

- Extended Stay
 Indefinite Stay
 Frequent Visit
 One-Time Visit

Date of Arrival at Destination (mm-dd-yyyy)

Purpose of Visit

Date of Departure from Destination (mm-dd-yyyy) (If any)

Destination Information:

Destination Type (Select One)

- Home Hotel School Other

Mailing Address

City

Foreign State or Province

Country

Postal Code

Phone Number

Fax Number

Email Address

If there are any additional destinations, please attach the required information on a separate sheet of paper.