



VENDOR APPLICATION FOR OFM WEBSITE ACCOUNT

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

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 Vendor Applicant Information

Country _____

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

Section 2 User Acknowledgement

I understand that I am authorized to use this account only for the submission of requests to the U.S. Department of State, Office of Foreign Missions that are solely associated with proposed purchases by the foreign mission(s) listed in Section 3 of this form and their eligible members of tax and duty-free merchandise from bonded warehouse facilities in the United States. Any other uses of this account are strictly prohibited. I will not divulge my login or password to any other entity. I will notify the Office of Foreign Missions if I have any reason to believe my password has been compromised. I further acknowledge that improper use of this account could result in adverse administrative action against me.

Name _____ Signature _____

Telephone _____ Date (mm-dd-yyyy) _____

Section 3 Authorized Missions

Mission	City	State	ZIP Code

Section 4 Mission Administrative Officer Acknowledgement

I certify that the above named vendor is authorized to submit requests, to the U.S. Department of State, Office of Foreign Missions, (proposed purchases by the foreign mission(s) listed in Section 3 and their eligible members), of tax and duty-free merchandise from bonded warehouse facilities in the United States. I acknowledge that in the event I am made aware of any improper use of this account, I will provide all assistance necessary to aid the Office of Foreign Missions with addressing the situation.

Printed Name _____ Title _____

Protocol Identification Number _____ Signature _____

Telephone Number _____ Email Address _____

Date (mm-dd-yyyy) _____

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

Section 5 Office Of Foreign Missions Approval

Printed Name _____	Signature _____	Date (mm-dd-yyyy) _____
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Instructions for Completing Form DS-4155
VENDOR APPLICATION FOR OFM WEBSITE ACCOUNT

This form is to be completed when access to the U.S. Department of State, Office of Foreign Mission's e-Gov Bonded Warehouse program is being requested by a vendor. This form must be completed by the bonded warehouse vendor as an account user to submit requests on behalf of the authorized mission listed in Section 3 with the approval of the accredited mission administrative officer.

1. Type of Request.

Indicate whether this request is to:

- a. **Open a New Account**
- b. **Change an Existing Account**
- c. **Delete an Account**

2. **Section 1.**

Enter complete name, date of birth, telephone number and e-mail address of vendor representative who will submit tax and duty-free purchases of merchandise requests on behalf of the mission and/or eligible mission members.

3. **Section 2.**

Vendor completes this section to acknowledge that the purpose for the existence of this account is understood. Print and sign the name of the vendor representative to be authorized access along with a contact telephone number and the date signed.

4. **Section 3.**

Enter the name of all the missions (by country), along with the mission type (e.g. embassy, consulate) on whose behalf the vendor representative will submit such requests, as well as the city, state and zip code of their locations.

5. **Section 4.**

The administrative officer of the accredited mission completes this section to acknowledge authorization to have this application submitted by the vendor on its behalf to the U.S. Department of State. Print and sign the name, title, PID number, telephone number, and e-mail address of the authorized administrative officer. Also enter the date signed, with the mission seal in this section.

Paperwork Reduction Statement

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.