



SMART TRAVELER ENROLLMENT PROGRAM

The Smart Traveler Enrollment Program is a free service provided by the U.S. Government to U.S. nationals 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]

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]

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]

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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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: Bureau of Consular Affairs, Overseas Citizens Services (CA/OCS/L), U.S. Department of State, SA-29, 4th Floor, Washington, DC 20520.

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.

AUTHORITY: The information solicited on this form is requested pursuant to provisions in 22 U.S.C. § 2715 and 22 U.S.C. § 4802(b) of the U.S. Code and 22 C.F.R. § 71.1 and 22 C.F.R. § 71.6 of the Code of Federal Regulations.

PURPOSE: To notify U.S. nationals in the event of a disaster, emergency or other crisis, and for evacuation coordination.

ROUTINE USES: 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. nationals, or for law enforcement and administration purposes or pursuant to court order. The information is also made available to private U.S. nationals, known as wardens, designated by U.S. embassies to assist in communicating with the American community in an emergency. More information on the Routine Uses for the system can be found in System of Records Notice, State-05, Overseas Citizens Services Records.

DISCLOSURE: Providing the information requested on this form is purely voluntary. Failure to provide the requested information on the form could make it more difficult for the Department to notify the U.S. national respondent in the event of an emergency.

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:

- | | |
|---|---|
| <input type="checkbox"/> Family Members | <input type="checkbox"/> Medical Representative |
| <input type="checkbox"/> Friends | <input type="checkbox"/> Members of Congress |
| <input type="checkbox"/> Legal Representative | <input type="checkbox"/> Other |
| <input type="checkbox"/> Media | |

Waiver Comments

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

Destination

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, Date of Arrival at Destination, Date of Departure from Destination (*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. Please provide the dates you will be in that location, even if approximate.

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</i>) (<i>if any</i>)	

<u>Destination Information:</u>	Destination Type (<i>Select One</i>) <input type="checkbox"/> Home <input type="checkbox"/> Hotel <input type="checkbox"/> School <input type="checkbox"/> Other
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Address		City		Foreign State or Province	
Country	Postal Code	Phone Number	Fax Number	Email Address	

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 #1Full Name (*Last, First, Middle*)

[Redacted] [Redacted] [Redacted]

Address		City		U.S. State or Foreign Province
Country	Postal Code	Phone Number	Fax Number	Email Address
Date of Birth (<i>mm-dd-yyyy</i>)	Citizenship		Relationship to Primary Traveler/Resident	

Comments

Passport Number OR:	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>)
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Additional Traveler/Member of Household #2Full Name (*Last, First, Middle*)

[Redacted] [Redacted] [Redacted]

Address		City		U.S. State or Foreign Province
Country	Postal Code	Phone Number	Fax Number	Email Address
Date of Birth (<i>mm-dd-yyyy</i>)	Citizenship		Relationship to Primary Traveler/Resident	

Comments

Passport Number OR:	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>)
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Additional Traveler/Member of Household #3Full Name (*Last, First, Middle*)

[Redacted] [Redacted] [Redacted]

Address		City		U.S. State or Foreign Province
Country	Postal Code	Phone Number	Fax Number	Email Address
Date of Birth (<i>mm-dd-yyyy</i>)	Citizenship		Relationship to Primary Traveler/Resident	

Comments

Passport Number OR:	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>)
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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

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>	

<u>Destination Information:</u>	Destination Type <i>(Select One)</i> <input type="checkbox"/> Home <input type="checkbox"/> Hotel <input type="checkbox"/> School <input type="checkbox"/> Other
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Address		City		Foreign State or Province
Country	Postal Code	Phone Number	Fax Number	Email Address

Additional Destination #2

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>	

<u>Destination Information:</u>	Destination Type <i>(Select One)</i> <input type="checkbox"/> Home <input type="checkbox"/> Hotel <input type="checkbox"/> School <input type="checkbox"/> Other
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Address		City		Foreign State or Province
Country	Postal Code	Phone Number	Fax Number	Email Address

Additional Destination #3

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>	

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