

Data items collected by the eGov Courtesies of Port request but not collected by the DS-4285 Form;

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Primary Traveler Information

The Mission/Agency of: US GOVERNMENT (WASHINGTON, DC)

presents its compliments to the Department of State, Office of Protocol, and wishes to refer to the following visit request for:

*Surname: (as it appears on Visa, if applicable)	*Given Name: (as it appears on Visa, if applicable)	*Title: --Select a Title--	*Date of Birth: (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Passport Number:	*Visa Foil Number:		
<input type="text"/>	<input type="text"/>		

Note: If the visa foil number is entered incorrectly, the transaction will be returned to the mission.

For Chiefs of State and Heads of Governments, to confirm this visit, contact United States Secret Service (202) 406-7650 and fax (202) 406-7560.
 For Foreign Ministers, to confirm this visit contact United States Security Protection, State Department Security Service (202) 895-3600 and fax (202) 895-3613.
 For Diplomatic Security requests for protection, please send a Diplomatic Note to DSPL@state.gov or fax (202) 895-3613

***Government Position:**
 None Chief of State/Head of Government Foreign Minister

***Require Security:**
 None United States Secret Service State Department Diplomatic Security

***If require United States Secret Service, requesting protection for:** Duration of Visit Courtesies of Port Only

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Arrival Flight Information

*First Port of Entry into the United States:	*Arrival Date: (mm/dd/yyyy)	*Arrival Time: (24 hour format)	*Continue on to DC:
--Select a Port of Entry--	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
*Flight Type:			
<input checked="" type="radio"/> Commercial Air Carrier <input type="radio"/> Special Flight (Private)			
*Flight Carrier Name:	*Flight Number:		
<input type="text"/>	<input type="text"/>		

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Arrival Flight Information

*First Port of Entry into the United States:	*Arrival Date: (mm/dd/yyyy)	*Arrival Time: (24 hour format)	*Continue on to DC:	
--Select a Port of Entry--	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	
*Flight Type:				
<input type="radio"/> Commercial Air Carrier <input checked="" type="radio"/> Special Flight (Private)				
*Aircraft Make:	*Aircraft Model:	*Aircraft Tail Number:	*Aircraft Call Sign:	*Aircraft FBO:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Back"/>	<input type="button" value="Next"/>	<input type="button" value="Cancel"/>		

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Continue to DC Information

*Second Port of Entry into the United States:	*Arrival Date: (mm/dd/yyyy)	*Arrival Time: (24 hour format)
--Select a Port of Entry--	<input type="text"/>	<input type="text"/>
*Flight Type:		
<input checked="" type="radio"/> Commercial Air Carrier <input type="radio"/> Special Flight (Private)		
*Flight Carrier Name:	*Flight Number:	
<input type="text"/>	<input type="text"/>	
<input type="button" value="Back"/>	<input type="button" value="Next"/>	<input type="button" value="Cancel"/>

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Continue to DC Information

*Second Port of Entry into the United States:	*Arrival Date: (mm/dd/yyyy)	*Arrival Time: (24 hour format)		
--Select a Port of Entry--	<input type="text"/>	<input type="text"/>		
*Flight Type:				
<input type="radio"/> Commercial Air Carrier <input checked="" type="radio"/> Special Flight (Private)				
*Aircraft Make:	*Aircraft Model:	*Aircraft Tail Number:	*Aircraft Call Sign:	*Aircraft FBO:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Back"/>	<input type="button" value="Next"/>	<input type="button" value="Cancel"/>		

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Add Companion

*Surname: (as it appears on Visa, if applicable)	*Given Name: (as it appears on Visa, if applicable)	*Title or Relationship:	*Date of Birth: (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	--Select a Relationship--	<input type="text"/>
*Passport Number:	*Visa Foil Number:		
<input type="text"/>	<input type="text"/>		

Note: If the visa foil number is entered incorrectly, the transaction will be returned to the mission.

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ROB M

Companions

Name	Title or Relationship	Date of Birth	Passport Number	Foil Number	
NAMELAST1, NAMEFIRST1	CHILD	10/17/2017 12:00:00 AM	123456	123456	Edit Delete

[Back](#) [Add Companion](#) [Next](#) [Cancel](#)

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Add Greeter

*Surname:	*Given Name:	*Title or Relationship:
<input type="text"/>	<input type="text"/>	<input type="text"/>

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ROB MIL

Greeters

Name	Title	
NAMELAST2, NAMEFIRST2	TITLE	Edit Delete

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1. Armed Security:
a. Visa Foil Number

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Add Armed Security

*Surname: (as it appears on Visa, if applicable) *Given Name: (as it appears on Visa, if applicable) *Rank: *Service Name:

*Passport Number: *Visa Foil Number:

Note: If the visa foil number is entered incorrectly, the transaction will be returned to the mission.

*Weapon Make: *Weapon Model: *Weapon Serial Number: *Weapon Caliber: *Weapon Number of Rounds of Ammunition:

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b. Statement

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ROB M

Armed Security

By submitting the Armed Security information into the Courtesies of Port application, the Ambassador or the Charge D' Affaires is certifying that the accompanying security personnel are trained in the use of the weapons that they carry, that they are able to communicate in English, that they are will carry weapons only when accompanying the dignitary and they will securely store their weapons when not on duty.

Name	Rank Service	Passport Number	Foil Number	Weapon Make	Weapon Model	Weapon Serial Number	Weapon Caliber	Weapon # Rounds of Ammunition	
NAMELAST3, NAMEFIRST3	RANK NAME	123789	123789	MAKE	MODEL	123	12	12	Edit Delete

[Back](#) [Add Armed Security](#) [Next](#) [Cancel](#)

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- 2. POC and CDH Information:
 - a. Point of Contact Information:
 - i. Surname
 - ii. Given Name
 - iii. Title
 - iv. Telephone Number
 - v. Cell Phone Number
 - b. Contact Document Handler Information:
 - i. Surname
 - ii. Given Name
 - iii. Telephone Number
 - iv. Cell Phone Number
 - c. Enter Departure Flight Information:
 - i. Yes
 - ii. No

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POC and CDH Information

Point of Contact Information:		
*Surname:	*Given Name:	*Title:
<input type="text"/>	<input type="text"/>	<input type="text"/>
*Telephone Number:	*Cell Phone Number:	
<input type="text"/>	<input type="text"/>	
Contact Document Handler Information:		
Surname:	Given Name:	
<input type="text"/>	<input type="text"/>	
Telephone Number:	Cell Phone Number:	
<input type="text"/>	<input type="text"/>	
*Enter Departure Flight Information: <input checked="" type="radio"/> Yes <input type="radio"/> No		
<input type="button" value="Back"/>	<input type="button" value="Next"/>	

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Departure Flight Information

* First Port of Departure out of the United States:	* Departure Date: (mm/dd/yyyy)	* Departure Time: (24 hour format)
<input type="text" value="--Select a Port of Departure--"/>	<input type="text"/>	<input type="text"/>
*Flight Type:		
<input checked="" type="radio"/> Commercial Air Carrier <input type="radio"/> Special Flight (Private)		
*Flight Carrier Name:	*Flight Number:	
<input type="text"/>	<input type="text"/>	
<input type="button" value="Back"/>	<input type="button" value="Next"/>	<input type="button" value="Cancel"/>

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Departure Flight Information

* First Port of Departure out of the United States:	* Departure Date: (mm/dd/yyyy)	* Departure Time: (24 hour format)		
<input type="text" value="--Select a Port of Departure--"/>	<input type="text"/>	<input type="text"/>		
*Flight Type:				
<input type="radio"/> Commercial Air Carrier <input checked="" type="radio"/> Special Flight (Private)				
*Aircraft Make:	*Aircraft Model:	*Aircraft Tail Number:	*Aircraft Call Sign:	*Aircraft FBO:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Back"/>	<input type="button" value="Next"/>	<input type="button" value="Cancel"/>		

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3. Remark

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ROB MILLER

Please take a moment to confirm your entry. If it is correct, click the Submit button to send the application.

COURTESIES OF PORT (COP)									
Date of Request	10/17/2017		Chief of State/Head of Government						
Official Full Name	NAMELAST1, NAMEFIRST1		Official Title	FORMER PRIME MINISTER					
Official Date of Birth	10/17/2017		Official Passport Number	123					
Official Visa Foil Number	122								
Request United States Secret Service Protection	YES		Request Security for Entire Visit	YES					
Continue to DC	YES								
For Chiefs of State and Heads of Governments, to confirm this visit, contact United States Secret Service (202) 406-7650 and fax (202) 406-7560. For Foreign Ministers, to confirm this visit contact United States Security Protection, State Department Security Service (202) 895-3600 and fax (202) 895-3613. For Diplomatic Security requests for protection, please send a Diplomatic Note to DSPL@state.gov or fax (202) 895-3613									
Arrival Flight Information									
First Port of Entry into the United States	Arrival Date and Time	Flight Type	Flight Carrier Name	Flight Number					
ANC – Ted Stevens Anchorage International Airport	10/18/2017 11:11	Commercial Air Carrier	NAME	123					
DC Flight Information									
Second Port of Entry into the United States	Arrival Date and Time	Flight Type	Flight Carrier Name	Flight Number					
BWI – Baltimore/Washington International	10/19/2017 11:11	Commercial Air Carrier	NAME	123					
Departure Flight Information									
Departure Port of Entry into the United States	Departure Date and Time	Flight Type	Flight Carrier Name	Flight Number					
DCA – Washington, D.C. – Ronald Reagan Nat'l Airport	10/19/2017 11:11	Commercial Air Carrier	NAME	987					
Companions									
Name	Title or Relationship	Date of Birth	Passport Number	Foil Number					
NAMELAST2, NAMEFIRST2	CHILD	10/17/2017	12345	12345					
Armed Security									
Name	Rank	Service	Passport Number	Foil Number	Weapon Make	Weapon Model	Weapon Serial #	Weapon Caliber	Weapon # Rounds of Ammunition
NAMELAST4, NAMEFIRST4	RANK	NAME	987	987	MAKE	MODEL	654	11	11
Greeters									
Name				Title					
NAMELAST3, NAMEFIRST3				TITLE					
Point of Contact									
Main Contact: NAMELAST5, NAMEFIRST5		Travel Document Handler: NAMELAST6, NAMEFIRST6							
Contact Title	Contact Telephone Number	Contact Cell Phone Number	Handler Telephone Number	Handler Cell Phone Number					
TITLE	(123) 456-7890	(123) 456-7890	(123) 456-7890	(123) 456-7890					

There are no remarks

Add Remark:

Applicant, by submitting this application, certifies that, in accordance with the provisions of Title 18 United States Code, Section 1001, prohibiting the making of a false statement in connection with any federal matter, the information stated here is true and correct.

The official (diplomatic, consul, staff) federal license plates issued for this vehicle will not be removed from the vehicle until authorized by the United States Department of State, Office of Foreign Missions and the official federal license plates will be returned to the Office of Foreign Missions.