

## U.S. Department of State Courier Company Registration Form

OMB CONTROL NO. 1405-XXXX OMB EXPIRATION DATE: XX-XX-XXXX ESTIMATED BURDEN: 20 MINUTES

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You must fill out the form in its	entirety. If you have any que	estions, please contact the Nationa	l Courier Liaison at N	lationalCourierLiaison@state.gov.	
	Part 1: To Be Fille	ed Out By Courier Con	npany Owners		
NOTE: The company owner(s) must so 1. A clear photocopy of a valid busines 2. A clear photocopy of each owner's g	ss license that shows the	business license number, iss	-		
Company Name		Doing Business	As ("DBA") Name	e (if applicable)	
Full Name of Company Owner #1 (Las	t, First, Middle)	<u> </u>			
Full Name of Company Owner #2 (Las	st, First, Middle)				
Company Address (Include Number, S	Street,City, State and Zip	Code)			
Point of Contact ("POC") for the Passp	th questions	Company Website			
POC Job Title	POC Email		<u>I</u>	POC Phone Number	
Mailing Address (if different from Com	pany Address above)				
Please list the U.S. Passport Agency a	at which you wish to regis	ster.			
Has the company owner(s) previously company and the U.S. passport agence				o, list the name of each courier	
	Part 2: To Be Fille	d Out By Courier Com	pany Owner #	1	
Full Name of Company Owner (Last, F	irst, Middle)	Owner's Phone Number	Owner's E	mail	
By selecting the fo	llowing boxes and	signing below, you ce	ertify that all th	ne following are true.	
You are at least 18 years old.					
You are a U.S. citizen or national, lawful permanent resident, or legally authorized to work in the United States.					
You have never been convicted of a felony.					
You have never been convicted of a federal, state, or local misdemeanor related to the mismanaging of funds, identity theft, document fraud, or a drug offense.					
You are not currently under indicting a drug offense.	ment or investigation for	a felony or for any crime relat	ed to mismanaging	funds, identity theft, document fraud, or	
NOTE: You must include a photocop	by of the front and back	k of your government-issue	d photo identifica	tion.	
				d correct, 2) I have not knowingly and d 3) I have read and understood the	
Signature of Cour	ier Company Owner #1			Date	

Part 3: To Be Filled Out B	y Courier Company Ow	ner #2 <i>(if more than one)</i>				
Full Name of Company Owner (Last, First, Middle)	Owner's Phone Number	Owner's Email				
By selecting the following boxes and signing below, you certify that all the following are true.						
You are at least 18 years old.						
You are a U.S. citizen or national, lawful permanent resident, or legally authorized to work in the United States.						
You have never been convicted of a felony.						
You have never been convicted of a federal, state, or local misdemeanor related to the mismanaging of funds, identity theft, document fraud, or a drug offense.						
You are not currently under indictment or investigation for a felony or for any crime related to mismanaging funds, identity theft, document fraud, or a drug offense.						
NOTE: You must include a photocopy of the front and back of your government-issued photo identification.						
I declare under penalty of perjury all of the following: 1) The statements in Sections 1 and 3 are true and correct, 2) I have not knowingly and willfully made any false statements or provided false documents in support of this registration, and 3) I have read and understood the warning on this form.						
warning on uns form.						
Signature of Courier Company Owner (if more than one)	<b>#2</b>	Date				
<u>WARNING</u>						
Knowingly and willfully providing false statements or docume including 18 U.S.C. 1001. In addition, providing false inform passport couriers outlined in 22 C.F.R. Part 54 may result in hand carry passport applications.	mation on this form or otherwise	failing to abide by the requirements of the procedures for				
PRIVACY ACT STATEMENT						
AUTHORITIES: Collection of the information on this form i						

regulations, including 22 U.S.C. 2651a et. seq.; 8 U.S.C. 1104; Executive Order 11295 (August 5, 1966); and C.F.R. Parts 50, 51, and 54.

PURPOSE: The primary purpose for soliciting this information is to determine the company's eligibility to register to perform hand carry services at participating U.S. passport agencies pursuant to 22 C.F.R. Part 54.

ROUTINE USES: This information solicited on this form may be made available as a routine use to other government agencies for fraud prevention, law enforcement, and administrative purposes. For a detailed listing of the routine uses for which this information may be disclosed, see the Department of State's Prefatory Statement of Routine Uses relative to the Privacy Act (Public Notice 6290 of July 15, 2008) and the listing of routine users set forth in the System of Records Notices and Passport Records (State-26) published in the Federal Registrar.

CONSEQUENCE OF FAILURE TO PROVIDE INFORMATION: Failure to provide the information requested on this form may, may result in Passport Services' refusal to accept this company's registration to provide hand carry services.

## PAPERWORK REDUCTION ACT

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time required for searching existing data sources, gathering the necessary data, providing the information and/or documentation 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: U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Program Management and Operational Support, Attn: Passport Forms Officer, 44132 Mercure Cir., P.O. Box 1199, Sterling, Virginia 20166-1199.

DS-5538 XX-XXXX Page 2 of 2