

U.S. Department of State

OMB CONTROL NO. 1405-XXXX OMB EXPIRATION DATE: XX-XX-XXXX **Courier Company Registration Form ESTIMATED BURDEN: 20 MINUTES**

You must fill out the form in its entirety. If you have any questions, please contact the National Courier Liaison at NationalCourierLiaison@state.gov.

Part 1: To Be Filled Out By Courier Company Owners **NOTE**: The company owner(s) must submit the following with this form: 1. A clear photocopy of a valid business license that shows the business license number, issuing state, and date of issuance. 2. A clear photocopy of each owner's government-issued photo identification, such as a driver's license, U.S. passport, or military identification. Company Name Doing Business As ("DBA") Name (if applicable) Full Name of Company Owner #1 (Last, First, Middle) Full Name of Company Owner #2 (Last, First, Middle) Company Address (Include Number, Street, City, State and Zip Code) Point of Contact ("POC") for the Passport Agency to contact with questions Company Website POC Job Title POC Phone Number POC Email Mailing Address (if different from Company Address above) Please list the U.S. Passport Agency at which you wish to register. Has the company owner(s) previously owned and/or currently own a different registered courier company? If so, list the name of each courier company and the U.S. passport agencies where they were registered. (Attach a separate sheet, if needed.) Part 2: To Be Filled Out By Courier Company Owner #1 Owner's Phone Number Owner's Email Full Name of Company Owner (Last, First, Middle) 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 2 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. Signature of Courier Company Owner #1 Date

| Part 3: To Be Filled Out | By Courier Company Own | ner #2 (if more than one) |
|--|--------------------------------------|---|
| Full Name of Company Owner (Last, First, Middle) | Owner's Phone Number | Owner's Email |
| By selecting the following boxes a | and signing below, you ce | rtify that all the following are true. |
| You are at least 18 years old. | | , |
| You are a U.S. citizen or national, lawful permanent re | esident, or legally authorized to wo | k in the United States. |
| You have never been convicted of a felony. | | |
| You have never been convicted of a federal, state, or drug offense. | local misdemeanor related to the n | nismanaging of funds, identity theft, document fraud, or a |
| 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-issue | d photo identification. |
| I declare under penalty of perjury all of the following: willfully made any false statements or provided false warning on this form. | | and 3 are true and correct, 2) I have not knowingly and registration, and 3) I have read and understood the |
| | | |
| Signature of Courier Company Owner (if more than one) | r #2 | Date |
| | <u>WARNING</u> | |
| Knowingly and willfully providing false statements or docur including 18 U.S.C. 1001. In addition, providing false info passport couriers outlined in 22 C.F.R. Part 54 may result hand carry passport applications. | rmation on this form or otherwise | failing to abide by the requirements of the procedures for |
| <u>P</u> | RIVACY ACT STATEMEN | Γ |
| AUTHORITIES: Collection of the information on this form is authorized by Titles 8 and 22 of the United States Code, and other applicable laws and | | |

AUTHORITIES: Collection of the information on this form is authorized by Titles 8 and 22 of the United States Code, and other applicable laws and 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.

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