

U.S. Department of State

Courier Employee Registration Form

OMB CONTROL NO. 1405-XXXX OMB EXPIRATION DATE: XX-XX-XXXX ESTIMATED BURDEN: 40 MINUTES

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

Part 1: To B	e Filled Out By Employee
Company Name	Employee's Name (Last, First, Middle)
Company Address (Include Number, Street, City, State and Zip Co	de)
Company Phone Number	Company Email
By selecting the following boxes and signing box	elow, you certify that all of the following statements are true.
☐ You are at least 18 years of age.	
$\hfill \square$ You are a U.S. citizen or national, lawful permanent resident,	or legally authorized to work in the U.S.
\square You have never been convicted of a felony.	
You have never been convicted of a federal, state, or local mi a drug offense.	sdemeanor related to the mismanaging of funds, identity theft, document fraud, o
You are not currently under indictment or investigation for a fe or a drug offense.	lony or for any crime related to mismanaging funds, identity theft, document frauc
I declare under penalty of perjury all of the following: 1) The s	the front and back of your government-issued photo identification. tatements above are true and correct, 2) I have not knowingly and willfully apport of this registration, and 3) I have read and understood the warning or
Signature of Courier Employee	Date
	Date Out By Courier Company Owner
Part 2: To Be Filled	Out By Courier Company Owner
Part 2: To Be Filled Name Phone Number	Out By Courier Company Owner Title
Part 2: To Be Filled Name Phone Number By selecting the following boxes and signing be The company acknowledges that it bears responsibility for the applications, supporting documentation, and/or passport productions.	Out By Courier Company Owner Title Email Flow, you certify that all of the following statements are true. employee's conduct pertaining to his/her duties associated with hand-carry passucts, in accordance with 22 C.F.R. 51.51 and Department guidance.
Part 2: To Be Filled Name Phone Number By selecting the following boxes and signing be The company acknowledges that it bears responsibility for the applications, supporting documentation, and/or passport productions.	Out By Courier Company Owner Title Email Elow, you certify that all of the following statements are true. employee's conduct pertaining to his/her duties associated with hand-carry pass
Part 2: To Be Filled Name Phone Number By selecting the following boxes and signing be The company acknowledges that it bears responsibility for the applications, supporting documentation, and/or passport production. The company certifies that the employee has shown it appropulated States. I declare under penalty of perjury all of the following: 1.) The states.	Out By Courier Company Owner Title Email Flow, you certify that all of the following statements are true. employee's conduct pertaining to his/her duties associated with hand-carry passucts, in accordance with 22 C.F.R. 51.51 and Department guidance.

WARNING

Knowingly and willfully providing false statements or documents in connection with this form is punishable by fine and/or imprisonment under U.S. law, including provisions of 18 U.S.C. 1001. In addition, providing false information on this form or otherwise failing to abide by the requirements of the procedures for passport couriers outlined in 22 C.F.R. Part 54 may result in the suspension, cancellation, or ban of an employee and/or the courier company's registration to hand carry passport applications.

PRIVACY ACT STATEMENT

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 then System of Records Notices and Passport Records (State-26) published in the Federal Registrar.

PAPERWORK REDUCTION ACT

Public reporting burden for this collection of information is estimated to average 40 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-5539 XX-XXXX Page 1 of 2