



REQUEST FOR AUTHENTICATIONS SERVICE

USE OF THIS FORM

This form is used by individuals, institutions, and government agencies to request authentication and/or apostille certificates under the seal of the U.S. Department of State for documents used for legal and administrative purposes abroad. For information or questions, visit www.travel.state.gov or call 202-485-8000.

INSTRUCTIONS

Complete one copy of this form per individual or company to be submitted with your documents and payment. You can include up to 15 different document types per form. Failure to submit this form with your documents and payment will result in your request being denied and documents returned.

Section 1. Customer Contact Information: Provide individual's full name or company's name (complete spelling). Indicate e-mail address; telephone number(s) home, work and/or cell. If the document(s) were mailed or hand carried for a Federal Agency, for Official Government business, please specify agency's name, bureau, and/or office acronyms.

Section 2. Shipping Details: If you will be shipping the document(s), please indicate delivery method (type of mail service used to return the document). If available, provide a tracking number including all letters and numbers (i.e., DOS, USPS, UPS, DHL, and Others). Indicate the complete address the document(s) will be returned to for proper delivery.

Section 3. Courier/Representative Contact Information: If you are submitting/or retrieving a request on behalf of someone other than yourself or a company, please provide specific and detailed information. The full name of the individual's or company's name is required to properly search the database. If you are retrieving document(s), your name must appear in section 2 of the intake form and U.S. government or state issued identification is required. Provide individual's full name or company's name (complete spelling). Indicate telephone number(s) daytime, evening, or cell number.

Section 4. Document Information: Indicate the country (or countries) of use, the number of documents, and the document type. (*A maximum of 15 documents are allowed per customer/company for walk-in services.*)

Section 5. Projected Cost: Please Note: The authentication process fee is \$20.00 per document, not per page. This fee will be charged regardless of whether you receive an authentication certification or a correspondence letter. Please pay the total amount shown in the estimated cost field. (The exact amount is required.) Allowable payment methods include U.S. Postal Money Orders, checks (personal, corporate, certified, cashiers, travelers) all payable to the "U.S. Department of State." Walk-in service only: In addition to the payment methods noted above; Cash (exact amount), Credit Cards and Debit/Check Cards (Visa, MasterCard, American Express, and Discover) are accepted.

WARNING

False statements made knowingly and willfully in this application, are punishable by fine and/or imprisonment under U.S. law including the provisions of 18 U.S.C. 1001. Also, be advised that pursuant to 22 CFR § 131.2, the Department of State will not certify to a document when it has good reason to believe that the certification is desired for an unlawful or improper purpose.

PRIVACY ACT STATEMENT

AUTHORITIES: Collection of the information solicited on this form is authorized by R.S. 203; 63 Stat. 111, as amended, sec. 4; 62 Stat. 946, sec. 1733; 66 Stat. 174, secs.104, 332; 66 Stat. 252; 8 U.S.C. 1104; 8 U.S.C. 1443; 8 U.S.C. 2657; 8 U.S.C. 2658; 28 U.S.C. 1733; 22 CFR Part 131.

PURPOSE: The purpose for soliciting the information requested on this form is to ensure that the documentation submitted is the same as the documentation received and processed by the Office of Authentications.

ROUTINE USES: The information solicited on this form may be made available as a routine use to other government agencies and private contractors to assist the U.S. Department of State in issuing certificates under the Seal of the U.S. Department of State and requests for related services, and for law enforcement, fraud prevention, border security, counterterrorism, litigation activities, and administrative purposes. For a more detailed listing of the routine uses to which this information may be put, please see the Department of State's Prefatory Statement of Routine Uses (Public Notice 6290 of July 15, 2008) and the listing of routine uses set forth in the System of Records Notices for Overseas Citizen Services Records and Other Overseas Records (State-05) and Passport Records (State-26).

DISCLOSURE: Providing information on this form is voluntary. However, failure to provide the information requested on this form could result in the Office of Authentications' inability to process your request.

PAPERWORK REDUCTION ACT (PRA) STATEMENT

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time required for searching existing data sources, gathering the necessary data, providing the information and/or documents 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: Passport Forms Officer, U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Program Management and Operational Support, 44132 Mercure Cir, PO Box 1199, Sterling, Virginia 20166-1227.



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Service Number

SECTION 1: CUSTOMER CONTACT INFORMATION

Person of Contact's Name (<i>Last, First, MI</i>)		Suffix/Prefix	Email	Date (<i>mm/dd/yyyy</i>)
Phone Numbers:	Cell	Home or Work	Case Type (<i>If Federal Agency Must Be Official Business</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Company <input type="checkbox"/> Federal Agency Specify _____	
Mailing Address				
Line 1				
Line 2				
City	State/Province	Country	Zip Code	

SECTION 2: SHIPPING DETAILS

(Please complete this section ONLY if you are shipping the documents)

Delivery Method: Self-Addressed Stamped Envelope UPS DHL Other Tracking Number: _____

SECTION 3: COURIER/REPRESENTATIVE CONTACT INFORMATION

Are you submitting/retrieving this request on behalf of another individual? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name (<i>Last, First, MI</i>)	
Company	Phone Number	Extension

SECTION 4: DOCUMENT INFORMATION

Country of Use	Document Type	Number of Documents	Processing Fee <i>Per Document</i>	Document Label (For Official Use Only)
			\$20	
			\$20	Received: _____
			\$20	OP: _____
			\$20	DATE: _____
			\$20	CK#: _____
			\$20	<input type="checkbox"/> No CK
			\$20	<input type="checkbox"/> No DOC
			\$20	<input type="checkbox"/> No RTN ENV
			\$20	DE: _____
			\$20	DATE: _____
			\$20	
			\$20	
			\$20	
			\$20	
			\$20	
			\$20	

SECTION 5: PROJECTED COST

Specialist Notes: <input type="checkbox"/> Incorrect Fees <input type="checkbox"/> Problem with Doc <input type="checkbox"/> Rejection	Document Total:	x \$20.00 per document	Estimated Cost:
Date: _____ <input type="checkbox"/> Call <input type="checkbox"/> Email/	Specialist: _____		
Date: _____ <input type="checkbox"/> Call <input type="checkbox"/> Email/	Specialist: _____		
Date: _____ <input type="checkbox"/> Call <input type="checkbox"/> Email/	Specialist: _____		