



PORT COURTESIES REQUEST

GENERAL INFORMATION								
Last Name				First Name				
Title Date of Birth (mm-				dd-yyyy)		Passport Number		
Visa Foil Number				Visa Type				
For Chiefs of State and Heads of Governments, to confirm this visit, contact U.S. Secret Service (202) 406-7650 and fax (202) 406-7560. For Foreign Ministers, to confirm this visit contact U.S. Security Protection, State Department Security Service (202) 895-3600 and fax (202) 895-361:								
Chief of State/Head of Government?	Requesti	ng U.S	S. Secret Service?	If yes, Requesting Protection For?				
Foreign Minister?	Requesti	ng Sta	ate Department Diploi	matic Security? Cor		ontinue on to DC?		
ARRIVAL FLIGHT INFORMATION								
First Port of Entry into the United State	Arrival Date (mm-dd-yyy)			Arrival Time (hh:mm)		flight Type (Select one)		
Flight Carrier Name (If Commercial)				Flight Number (If Commercial)				
Aircraft Make (If Special-Private)				Aircraft Model (If Special-Private)				
Tail Number (If Special-Private) Call Sign (If Special-F			Sign (If Special-Priva	vate)		FBO		
CONTINUING TO WASHINGTON, DC (Chief of State/Heads of Government or Foreign Ministers ONLY)								
Washington DC Port of Entry Arriv		rrival C	Date (mm-dd-yyyy)	Arrival Time (hh:mm)		n) Flight Type (Select one)		
Flight Carrier Name (If Commercial)				Flight Number (If Commercial)				
Aircraft Make (If Special-Private)				Aircraft Model (If Special-Private)				
Tail Number (If Special-Private) Call			ll Sign (If Special-Private)			FBO		
SECURITY AND PROTECTION								
If you are requesting Diplomatic Security protection, please send a Diplomatic Note to DSPL@state.gov or send a fax 202-895-3613. Notification must be submitted three business days in advance of the arrival date.								
For Chiefs of State/Heads of Government: Are you requesting U.S. Government Security Protection from the U.S. Secret Service?								
If yes, are you requesting protection for the duration of the visit OR Courtesies of Port only?								
For Foreign Ministers - Will you reques	st U.S. Gov	/ernme	ent Security Protection	on from the State De	partn	ment Diplomatic Security Service?		

GREETERS: Per U.S. Government regula	ations, there is a maximum o	f two (2) gi	eeters allowed in th	ne government inspection area	for all arrivals.		
Greeter 1 Name	Greeter 1 Title						
Greeter 2 Name	Greeter 2 Title						
ARMED SECURITY							
If armed security personnel is accompa of the arrival date.	nying the dignitary, U.S. Se	ecret Servi	ce or Diplomatic S	Security must be notified three	e business days in advance		
ARMED SECURITY 1	1	1			1		
Name	Rank	Service		Passport Number	Visa Type		
Weapon (Make)	Weapon (Model)	Weapon (Serial Number)		Weapon (Caliber)	Weapon (No. rounds of ammunition)		
ARMED SECURITY 2							
Name	Rank	Service		Passport Number	Visa Type		
Weapon (Make)	Weapon (Model) Wea		(Serial Number)	Weapon (Caliber)	Weapon (No. rounds of ammunition)		
ARMED SECURITY 3							
Name	Rank	Service		Passport Number	Visa Type		
Weapon (Make)	Weapon (Model)	Weapon (Serial Number)		Weapon (Caliber)	Weapon (No. rounds of ammunition)		
ARMED SECURITY 4		•					
Name	Rank	Service		Passport Number	Visa Type		
Weapon (Make)	Weapon (Model)	Weapon (Serial Number)		Weapon (Caliber)	Weapon (No. rounds of ammunition)		
ARMED SECURITY 5							
Name	Rank	Service		Passport Number	Visa Type		
Weapon (Make)	Weapon (Model)	Weapon (Serial Number)		Weapon (Caliber)	Weapon (No. rounds of ammunition)		
ARMED SECURITY 6		•		•			
Name	Rank	Service		Passport Number	Visa Type		
Weapon (Make)	Weapon (Model)	Weapon (Serial Number)		Weapon (Caliber)	Weapon (No. rounds of ammunition)		
ARMED SECURITY 7	1	•		!			
Name	Rank	Service		Passport Number	Visa Type		
Weapon (Make)	Weapon (Model)	Weapon (Serial Number)		Weapon (Caliber)	Weapon (No. rounds of ammunition)		

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PASSENGER MANIFEST									
Please provide Name, Title, Date of Bird dignitary and spouse, if accompanying.	h, Passpo Please ind	rt ID Number, an clude the same in	nd Visa Typ nformation	pe for each of the a for the flight crew	accomp (private	any <i>air</i>	ving members of the craft only).	ne delegation to include the	
ACCOMPANYING MEMBER 1									
Name	Title		Date of B	Passp	ort	ID Number	Visa Type		
ACCOMPANYING MEMBER 2									
Name	Title		Date of B	Passp	ort	ID Number	Visa Type		
ACCOMPANYING MEMBER 3	<u> </u>								
Name	Title		Date of B	Passport ID Number			Visa Type		
ACCOMPANYING MEMBER 4									
Name	Title		Date of Birth (mm-dd-yyyy)		Passport ID Number			Visa Type	
ACCOMPANYING MEMBER 5									
Name	Title		Date of B	Date of Birth (mm-dd-yyyy)			ID Number	Visa Type	
ACCOMPANYING MEMBER 6		· · · · · · · · · · · · · · · · · · ·							
Name	Title		Date of B	Passport ID Number			Visa Type		
ACCOMPANYING MEMBER 7									
Name	Title		Date of Birth (mm-dd-yyyy)		Passport ID Number			Visa Type	
ACCOMPANYING MEMBER 8	<u> </u>								
Name	Title		Date of B	iirth <i>(mm-dd-yyyy)</i>) Passport		ID Number	Visa Type	
OVERFLIGHT CLEARANCE NOTIFICA	ATION FO	R PRIVATE AIR	CRAFT						
Please contact the U.S. Department of and for relocation requirements. Notifica								S. airspace and airports,	
DEPARTURE FLIGHT INFORMATION	1					_			
Departure Port from the United States	Depai	ture Date <i>(mm-d</i>	ld-yyyy)	Departure Time ((hh:mm)		Flight Type (Select one)		
light Carrier Name (If Commercial)				Flight Number (If Commercial)					
Aircraft Make (If Special-Private)				Aircraft Model (If Special-Private)					
Tail Number (If Special-Private) Call Sign (If S			ecial-Priva		FBO (If Special - Private)				

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GENERAL INSTRUCTIONS

Please e-mail this form to Port Courtesies at <u>portcourtesies@state.gov</u>. Requests should be received no less than three business days prior to the arrival date. If security is being requested or security is traveling with the dignitary, three business days advance notice is required for transmittal to the U.S. Secret Service or Diplomatic Security.

Requests during the normal work (8:15 am - 5:00 pm) week must be received by 4:00 pm.

On Fridays, requests must be received by 3:00 pm. On weekends/holidays/after hours, emergency requests should be directed to the Protocol Duty Officer through the Department of State Operations Center.

PAPERWORK REDUCTION ACT STATEMENT

*Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. In accordance with 5 CFR 1320.5(b), persons are not required to respond to the collection of this information unless this form displays a currently valid OMB control number. Send comments on the accuracy of this estimate of the burden and recommendations for educing it to M/OFM, 3507 International Place NW, Washington, DC 20008.

PRIVACY ACT STATEMENT

AUTHORITIES: The information is sought pursuant to Vienna Convention on Diplomatic Relations of 1961; Vienna Convention on Consular Relations of 1963; Diplomatic Relations Act (22 U.S.C. 254a-e); International Organizations Immunities Act (22 U.S.C. 288e (a)); Foreign Missions Act of 1982 (22 U.S.C. 4301-4316) as amended.

PURPOSE: The information solicited on this form will be used by the U.S. Department of State (DOS) to adjudicate requests for the assignment of DOS representatives to escort eligible senior officials of foreign governments and accompanying members through security screening processes.

ROUTINE USES: The information provided on this form may be provided to other federal agencies for law enforcement, administrative or other statutorily authorized purposes as covered under STATE 36, Security Records. This information also may be provided to the employing foreign government or international organization.

DISCLOSURE: Submission of information is voluntary; however, failure to provide any of the requested information may result in ineligibility for expedited port courtesy clearance.

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