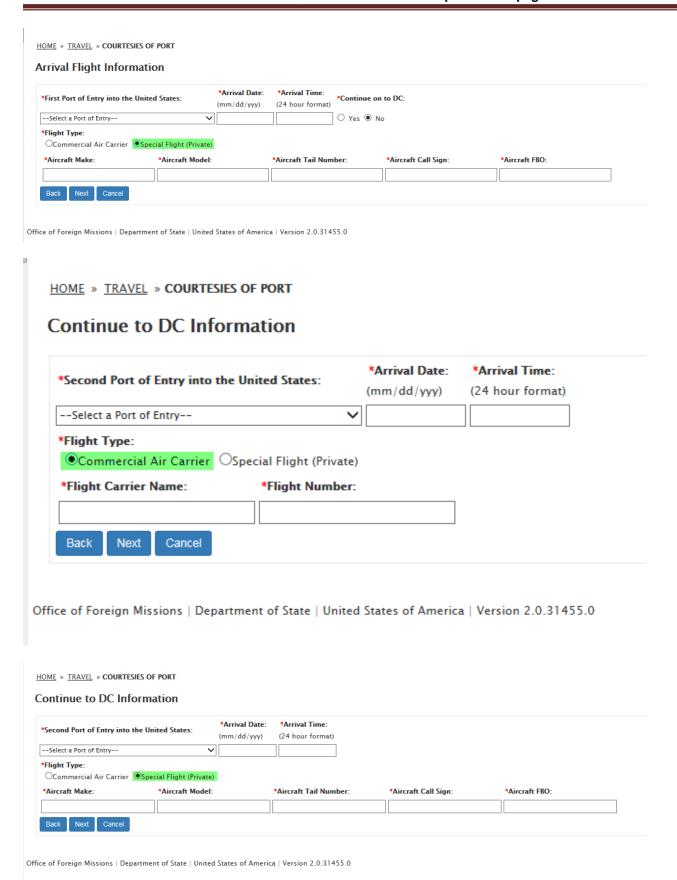
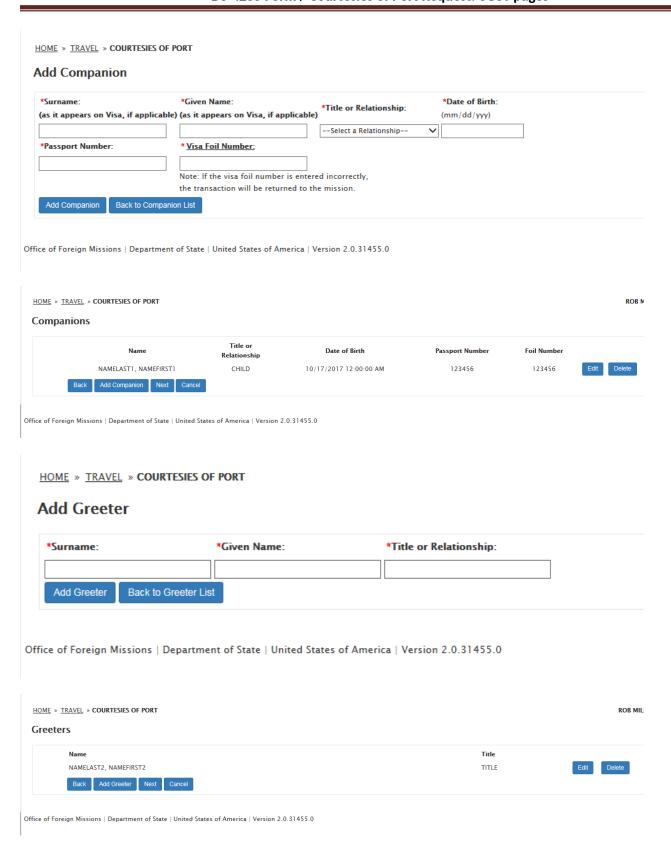
Data items collected by the eGov Courtesies of Port request but not collected by the DS-4285 Form;

he Mission/Agency of: US GOVERNMEN resents its compliments to the Departr		ol, and wishes to re	er to the following visit re	quest for:		
Surname:	*Given Name:	*Ti	da.		*Date of Birth:	
as it appears on Visa, if applicable)	(as it appears on Visa, if	applicable)			(mm/dd/yyy)	_
			elect a Title	~		╛
Passport Number:	* <u>Visa Foil Number:</u>					
	Note: If the visa foil numb	er is entered incorre	ethy			
	the transaction will be reti					
ONone OUnited States Secret Service, If require United States Secret Service,			Courtesies of Port Onl	y		
ONone Ounited States Secret Service, If require United States Secret Service, Next Cancel e of Foreign Missions Department of HOME * TRAVEL * COURTESIE	requesting protection for:	O Duration of Visit		y		
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ONone	requesting protection for: State United States of Ameri ES OF PORT	O Duration of Visit ca Version 2.0.314	*Arrival Time:		DC:	
ONone	requesting protection for: State United States of Ameri ES OF PORT Jation Jaited States:	O Duration of Visit ca Version 2.0.314	*Arrival Time:	*Continue on to	DC:	
ONone Ounited States Secret Service, If require United States Secret Service, Next Cancel e of Foreign Missions Department of HOME » TRAVEL » COURTESIE Arrival Flight Inform *First Port of Entry into the U Select a Port of Entry	requesting protection for: State United States of Ameri ES OF PORT Juited States:	O Duration of Visit ca Version 2.0.314	*Arrival Time:	*Continue on to	DC:	
If require United States Secret Service, Next Cancel e of Foreign Missions Department of HOME » TRAVEL » COURTESIE Arrival Flight Inform *First Port of Entry into the U Select a Port of Entry *Flight Type:	requesting protection for: State United States of Ameri ES OF PORT Juited States:	O Duration of Visit ca Version 2.0.314	*Arrival Time:	*Continue on to	DC:	





1. Armed Security:

HOME » TRAVEL » COURTESIES OF PORT

a. Visa Foil Number

Add Armed Security	IES OF PORT			
*Surname: (as it appears on Visa, if app	*Given Name: plicable) (as it appears on Visa, if applica	*Rank:	*Service Name:	1
*Passport Number:	* Visa Foil Number; Note: If the visa foil number is er the transaction will be returned to			J
*Weapon Make:	*Weapon Model:	*Weapon Serial Number:	*Weapon Caliber:	*Weapon Number of Rounds of Ammunition:
Add Armed Security Back	to Armed Security List			
ice of Foreign Missions Depa	artment of State United States of America	a Version 2.0.31455.0		

Armed Security By submitting the Armed Security information into the Courtesies of Port application, the Ambassador or the Charge D' Affaires is certifying that the accompanying security personnel are trained in the use of the weapons that they carry, that they are able to communicate in English, that they are will carry weapon and they will securely store their weapons when not on duty. Passport Foil Weapon Serial Weapon # Rounds of Weapon Weapon Weapon Rank Service NAMELAST3, RANK NAME 123789 123789 MAKE MODEL 123 12 12 Back Add Armed Security Next Cancel

Office of Foreign Missions | Department of State | United States of America | Version 2.0.31455.0

ROB M

- 2. POC and CDH Information:
 - a. Point of Contact Information:
 - i. Surname
 - ii. Given Name
 - iii. Title
 - iv. Telephone Number
 - v. Cell Phone Number
 - b. Contact Document Handler Information:
 - i. Surname
 - ii. Given Name
 - iii. Telephone Number
 - iv. Cell Phone Number
 - c. Enter Departure Flight Information:
 - i. Yes
 - ii. No

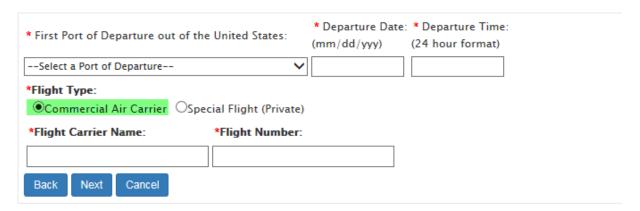
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POC and CDH Information

*Surname:	*Given Name:	*Title:	
*Telephone Number:	*Cell Phone Number:		
Contact Document Handler Inf	formation:		
Contact Document Handler Inf Surname:	formation: Given Name:		
Surname:	Given Name: Cell Phone Number:		

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Departure Flight Information

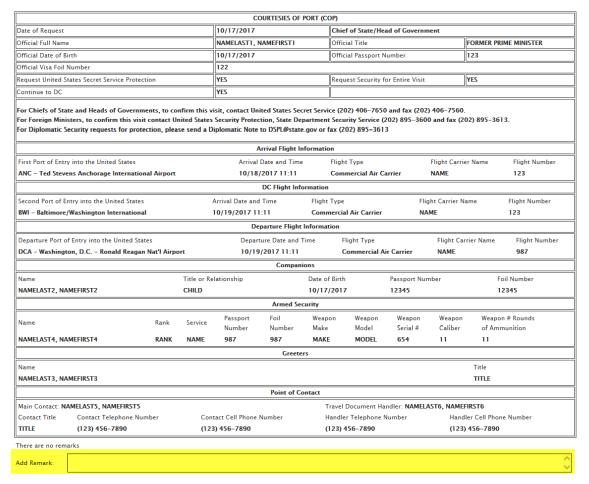


F B CD	* Depar	rture Date: * Departure Time:		
First Port of Departure o	ut of the United States: (mm/de	1/yyy) (24 hour format)		
Select a Port of Departure	🗸			
Flight Type:				
OCommercial Air Carrie	Special Flight (Private)			
Occiminated All Carries				
'Aircraft Make:	*Aircraft Model:	*Aircraft Tail Number:	*Aircraft Call Sign:	*Aircraft FBO:

3. Remark

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Please take a moment to confirm your entry. If it is correct, click the Submit button to send the application.



Applicant, by submitting this application, certifies that, in accordance with the provisions of Title 18 United States Code, Section 1001, prohibiting the making of a false statement in connection with any federal matter, the information stated here is true and correct.

The official (diplomatic, consul, staff) federal license plates issued for this vehicle will not be removed from the vehicle until authorized by the United States Department of State, Office of Foreign Missions and the official federal license plates will be returned to the Office of Foreign Missions.

