

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

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Primary Traveler Information

The Mission/Agency of: US GOVERNMENT (WASHINGTON, DC)

presents its compliments to the Department of State, Office of Protocol, and wishes to refer to the following visit request for:

*Surname: (as it appears on Visa, if applicable)	*Given Name: (as it appears on Visa, if applicable)	*Title: --Select a Title--	*Date of Birth: (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Passport Number:	*Visa Foil Number:		
<input type="text"/>	<input type="text"/>		

Note: If the visa foil number is entered incorrectly, the transaction will be returned to the mission.

For Chiefs of State and Heads of Governments, to confirm this visit, contact United States Secret Service (202) 406-7650 and fax (202) 406-7560.

For Foreign Ministers, to confirm this visit contact United States Security Protection, State Department Security Service (202) 895-3600 and fax (202) 895-3613.

For Diplomatic Security requests for protection, please send a Diplomatic Note to DSPL@state.gov or fax (202) 895-3613

Government Position:**☐ None ☒ Chief of State/Head of Government ☐ Foreign MinisterRequire Security:**☐ None ☒ United States Secret Service ☐ State Department Diplomatic Security***If require United States Secret Service, requesting protection for:** ☐ Duration of Visit ☒ Courtesies of Port Only

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Arrival Flight Information

*First Port of Entry into the United States:	*Arrival Date: (mm/dd/yyyy)	*Arrival Time: (24 hour format)	*Continue on to DC:
--Select a Port of Entry--	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
*Flight Type:			
<input checked="" type="radio"/> Commercial Air Carrier <input type="radio"/> Special Flight (Private)			
*Flight Carrier Name:	*Flight Number:		
<input type="text"/>	<input type="text"/>		

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Arrival Flight Information

*First Port of Entry into the United States:	*Arrival Date: (mm/dd/yyyy)	*Arrival Time: (24 hour format)	*Continue on to DC:	
--Select a Port of Entry--			<input type="radio"/> Yes <input checked="" type="radio"/> No	
*Flight Type:				
<input type="radio"/> Commercial Air Carrier <input checked="" type="radio"/> Special Flight (Private)				
*Aircraft Make:	*Aircraft Model:	*Aircraft Tail Number:	*Aircraft Call Sign:	*Aircraft FBO:
Back	Next	Cancel		

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Continue to DC Information

*Second Port of Entry into the United States:	*Arrival Date: (mm/dd/yyyy)	*Arrival Time: (24 hour format)
--Select a Port of Entry--		
*Flight Type:		
<input checked="" type="radio"/> Commercial Air Carrier <input type="radio"/> Special Flight (Private)		
*Flight Carrier Name:	*Flight Number:	
Back	Next	Cancel

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Continue to DC Information

*Second Port of Entry into the United States:	*Arrival Date: (mm/dd/yyyy)	*Arrival Time: (24 hour format)		
--Select a Port of Entry--				
*Flight Type:				
<input type="radio"/> Commercial Air Carrier <input checked="" type="radio"/> Special Flight (Private)				
*Aircraft Make:	*Aircraft Model:	*Aircraft Tail Number:	*Aircraft Call Sign:	*Aircraft FBO:
Back	Next	Cancel		

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Add Companion

*Surname: (as it appears on Visa, if applicable)	*Given Name: (as it appears on Visa, if applicable)	*Title or Relationship:	*Date of Birth: (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	--Select a Relationship--	<input type="text"/>
*Passport Number:	*Visa Foil Number:		
<input type="text"/>	<input type="text"/>		

Note: If the visa foil number is entered incorrectly, the transaction will be returned to the mission.

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ROB M

Companions

Name	Title or Relationship	Date of Birth	Passport Number	Foil Number	
NAMELAST1, NAMEFIRST1	CHILD	10/17/2017 12:00:00 AM	123456	123456	Edit Delete
Back Add Companion Next Cancel					

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Add Greeter

*Surname:	*Given Name:	*Title or Relationship:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Add Greeter Back to Greeter List		

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ROB MIL

Greeters

Name	Title	
NAMELAST2, NAMEFIRST2	TITLE	Edit Delete
Back Add Greeter Next Cancel		

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1. **Armed Security:**
 - a. **Visa Foil Number**

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Add Armed Security

*Surname: (as it appears on Visa, if applicable)	*Given Name: (as it appears on Visa, if applicable)	*Rank:	*Service Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Passport Number:	* <u>Visa Foil Number:</u>		
<input type="text"/>	<input type="text"/>		
Note: If the visa foil number is entered incorrectly, the transaction will be returned to the mission.			
*Weapon Make:	*Weapon Model:	*Weapon Serial Number:	*Weapon Caliber:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Add Armed Security"/> <input type="button" value="Back to Armed Security List"/>			

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b. Statement

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ROB M

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 weapons only when accompanying the dignitary and they will securely store their weapons when not on duty.

Name	Rank	Service	Passport Number	Foil Number	Weapon Make	Weapon Model	Weapon Serial Number	Weapon Caliber	Weapon # Rounds of Ammunition	
NAMELAST3 NAMEFIRST3	RANK	NAME	123789	123789	MAKE	MODEL	123	12	12	Edit Delete

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[Add Armed Security](#)
[Next](#)
[Cancel](#)

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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

Point of Contact Information:

*Surname:

*Given Name:

*Title:

*Telephone Number:

*Cell Phone Number:

Contact Document Handler Information:

Surname:

Given Name:

Telephone Number:

Cell Phone Number:

*Enter Departure Flight Information: ☒ Yes ☐ No

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Departure Flight Information

* First Port of Departure out of the United States:	* Departure Date: (mm/dd/yyyy)	* Departure Time: (24 hour format)
--Select a Port of Departure--		
*Flight Type:		
<input checked="" type="radio"/> Commercial Air Carrier <input type="radio"/> Special Flight (Private)		
*Flight Carrier Name:	*Flight Number:	
Back	Next	Cancel

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Departure Flight Information

* First Port of Departure out of the United States:	* Departure Date: (mm/dd/yyyy)	* Departure Time: (24 hour format)		
--Select a Port of Departure--				
*Flight Type:				
<input type="radio"/> Commercial Air Carrier <input checked="" type="radio"/> Special Flight (Private)				
*Aircraft Make:	*Aircraft Model:	*Aircraft Tail Number:	*Aircraft Call Sign:	*Aircraft FBO:
Back	Next	Cancel		

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3. Remark

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ROB MILLER

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

COURTESIES OF PORT (COP)										
Date of Request	10/17/2017			Chief of State/Head of Government						
Official Full Name	NAMELAST1, NAMEFIRST1			Official Title		FORMER PRIME MINISTER				
Official Date of Birth	10/17/2017			Official Passport Number		123				
Official Visa Foil Number	122									
Request United States Secret Service Protection				YES		Request Security for Entire Visit				YES
Continue to DC				YES						
For Chiefs of State and Heads of Governments, to confirm this visit, contact United States Secret Service (202) 406-7650 and fax (202) 406-7560. For Foreign Ministers, to confirm this visit contact United States Security Protection, State Department Security Service (202) 895-3600 and fax (202) 895-3613. For Diplomatic Security requests for protection, please send a Diplomatic Note to DSPL@state.gov or fax (202) 895-3613										
Arrival Flight Information										
First Port of Entry into the United States		Arrival Date and Time		Flight Type		Flight Carrier Name		Flight Number		
ANC - Ted Stevens Anchorage International Airport		10/18/2017 11:11		Commercial Air Carrier		NAME		123		
DC Flight Information										
Second Port of Entry into the United States		Arrival Date and Time		Flight Type		Flight Carrier Name		Flight Number		
BWI - Baltimore/Washington International		10/19/2017 11:11		Commercial Air Carrier		NAME		123		
Departure Flight Information										
Departure Port of Entry into the United States		Departure Date and Time		Flight Type		Flight Carrier Name		Flight Number		
DCA - Washington, D.C. - Ronald Reagan Nat'l Airport		10/19/2017 11:11		Commercial Air Carrier		NAME		987		
Companions										
Name		Title or Relationship		Date of Birth		Passport Number		Foil Number		
NAMELAST2, NAMEFIRST2		CHILD		10/17/2017		12345		12345		
Armed Security										
Name		Rank	Service	Passport Number	Foil Number	Weapon Make	Weapon Model	Weapon Serial #	Weapon # Rounds of Ammunition	
NAMELAST4, NAMEFIRST4		RANK	NAME	987	987	MAKE	MODEL	654	11	
Greeters										
Name									Title	
NAMELAST3, NAMEFIRST3									TITLE	
Point of Contact										
Main Contact: NAMELAST5, NAMEFIRST5					Travel Document Handler: NAMELAST6, NAMEFIRST6					
Contact Title	Contact Telephone Number	Contact Cell Phone Number			Handler Telephone Number		Handler Cell Phone Number			
TITLE	(123) 456-7890	(123) 456-7890			(123) 456-7890		(123) 456-7890			

There are no remarks

Add Remark:

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.