U.S. Department of State

*OMB APPROVAL NO.1405-0105 EXPIRATION DATE:XX-XX-XXXX ESTIMATED BURDEN:10 MIN.

APPLICATION FOR OFM WEBSITE ACCOUNT

Email application to OFM HelpDesk at OFMeGovHelpDesk@state.gov

Type of Request					
New Account	Change to Existing Account	Delete Account			
Section 1 Applicant Information	Mission				
1. Surname	2. Given Name	3. Middle Initial	4. PID		
5. Date of Birth (mm-dd-yyyy)	6. Telephone Number	7. E-mail Address			
Section 2 User Acknowledgement					
I understand that I am authorized to use this account for the sole purpose of requesting certain privileges and benefits provided by the U.S. Department of State to the mission(s) listed in Section 4 of this application. Any other users of this account are strictly prohibited. I will not divulge my login or password to any other person. I will notify the OFM HelpDesk if I have any reason to believe my password has been compromised. I further acknowledge that improper use could result in administrative action against me. Accounts will be disabled after 30 days of inactivity.					
Print Name					
Signature	Date (mm-dd-yyyy)				
Section 3 Account Access (check applicable sections)					
All	Bonded Warehouse	Port Co	urtesies		
Accreditation	Customs	Tax			
Airport Escort	DMV	White H	louse Tours		
Privacy Act a	and Paperwork Reduction 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 purpose of this form is to authorize this form will be used to determine eligibility and contains the conta	re access to the Office of Foreign Missions' electron reate user accounts for the e-Gov system.	nic data submission (e-Gov) sys	stem. The information solicited on		
	s form may be provided to other federal agencies fe ecords. This information also may be provided to the				
DISCLOSURE: Providing this information is volum	ntary; Failure to provide the information requested o	on this form may result in denial	of access to the E-Gov system.		
for searching existing data sources, gathering the You do not have to supply this information unless	ng burden for this collection of information is estima necessary documentation, providing the information this collection displays a currently valid OMB controplease send them to: M/OFM, 3507 International Pl	n and/or documents required, a of number. If you have commen	and reviewing the final collection. Its on the accuracy of this burden		

Section 4 Authorized Missions

Mission		City	State	ZIP Code			
Section 5 Head of	Post Acknowledgeme	nt					
The applicant listed on this form is an accredited member of the post of which I am the head. I certify this applicant should have the account access as indicated on this form. I acknowledge if I am made aware of or suspect any improper use of this account, I will promptly notify OFM at OFMeGovHelpDesk@state.gov.							
Print Name			PID _				
Signature		Date (mm-dd-yyyy)					
E-mail			_				
L-IIIaii							
Mission Seal Required							
Section 6 Office of Foreign Missions Approval							
Print Name							
Signature		Date (mm-dd-yyyy)					
			_				

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