U.S. Department of State

# EVACUEE MANIFEST AND PROMISSORY NOTE

OMB Approval Number: 1405-0211
Expiration Date: XX-XX-20XX
Estimated Burden: 20 Minutes

**PART 1 - EVACUATION APPLICATION TO BE COMPLETED BY EACH ADULT APPLICANT REGARDLESS OF NATIONALITY**

| 1. Last Name *(Print Clearly)* | 2. First Name | 3. Middle Name |
|---|---|---|
| | | |

| 4. Social Security Number | 5. Date of Birth *(DD-MMM-YYYY)* | 6. Place of Birth | 7. Identity Document | 8. Sex |
|---|---|---|---|---|
| | | | Issuing Country<br>Passport Number<br>or National ID No. | ☐ Male<br>☐ Female |

9. Current lodging where you may be contacted now

| 10. Phone number where you may be contacted now | 11. Email address where you may be contacted now |
|---|---|
| | |

12. Medical condition, current injuries, or limited mobility relevant to evacuation

**13. Verifiable Billing Address at Final Destination in United States or other Permanent Address *(Not a Post Office Box) (Third Party Contractors must complete. Not applicable to U.S. Government employees on official assignment and/or Eligible Family Members )***

14. Address Line 1

15. Address Line 2

| 16. City | 17. State/Province | 18. Country |
|---|---|---|
| | | |

| 19. Postal Code | 20. Telephone Number *(Include Country/City Codes)* | 21. Email Address |
|---|---|---|
| | | |

**22. Emergency Contact *(Do not list someone traveling with you)***

| 23. Last Name *(Print Clearly)* | 24. First Name |
|---|---|
| | |

25. Address Line 1

26. Address Line 2

| 27. City | 28. State/Province | 29. Country |
|---|---|---|
| | | |

| 30. Postal Code | 31. Telephone Number *(Include Country/City Codes)* | 32. Email Address |
|---|---|---|
| | | |

33. Relationship to you

**34. If including minor children or incapacitated/incompetent adults, please list below.**
☐ **Check here if none.**

| 35. Last Name *(Print Clearly)* | 36. First Name | 37. Middle Name |
|---|---|---|
| | | |

| 38. Social Security Number | 39. Date of Birth *(DD-MMM-YYYY)* | 40. Place of Birth | 41. Identity Document | 42. Sex | 43. This Person is My: |
|---|---|---|---|---|---|
| | | | Issuing Country<br>Passport No.<br>or National ID No. | ☐ Male<br>☐ Female | |

| 44. Last Name *(Print Clearly)* | 45. First Name | 46. Middle Name |
|---|---|---|
| | | |

| 47. Social Security Number | 48. Date of Birth *(DD-MMM-YYYY)* | 49. Place of Birth | 50. Identity Document | 51. Sex | 52. This Person is My: |
|---|---|---|---|---|---|
| | | | Issuing Country<br>Passport No.<br>or National ID No. | ☐ Male<br>☐ Female | |

Identity Document Number from Line 7

| 53. Last Name *(Print Clearly)* | 54. First Name | 55. Middle Name |
|---|---|---|
| | | |

| 56. Social Security Number | 57. Date of Birth *(DD-MMM-YYYY)* | 58. Place of Birth | 59. Identity Document | 60. Sex | 61. This Person is My: |
|---|---|---|---|---|---|
| | | | Issuing Country<br>Passport No.<br>OR National ID No. | ☐ Male<br>☐ Female | |

| 62. Last Name *(Print Clearly)* | 63. First Name | 64. Middle Name |
|---|---|---|
| | | |

| 65. Social Security Number | 66. Date of Birth *(DD-MMM-YYYY)* | 67. Place of Birth | 68. Identity Document | 69. Sex | 70. This Person is My: |
|---|---|---|---|---|---|
| | | | Issuing Country<br>Passport No.<br>OR National ID No. | ☐ Male<br>☐ Female | |

| 71. Last Name *(Print Clearly)* | 72. First Name | 73. Middle Name |
|---|---|---|
| | | |

| 74. Social Security Number | 75. Date of Birth *(DD-MMM-YYYY)* | 76. Place of Birth | 77. Identity Document | 78. Sex | 79. This Person is My: |
|---|---|---|---|---|---|
| | | | Issuing Country<br>Passport No.<br>OR National ID No. | ☐ Male<br>☐ Female | |

| 80. Last Name *(Print Clearly)* | 81. First Name | 82. Middle Name |
|---|---|---|
| | | |

| 83. Social Security Number | 84. Date of Birth *(DD-MMM-YYYY)* | 85. Place of Birth | 86. Identity Document | 87. Sex | 88. This Person is My: |
|---|---|---|---|---|---|
| | | | Issuing Country<br>Passport No.<br>OR National ID No. | ☐ Male<br>☐ Female | |

**89. PART 2 - Promissory Note and Repayment Agreement** ***(FOR ALL EVACUEES, including Third Party Contractors. Not Applicable to U.S. Government employees on official assignment and/or Eligible Family Members.)***

1. I clearly understand that I am accepting evacuation of my own free will and at my own risk to a location chosen by the U.S. Government. The mode of transportation may be via charter or military transport. I also understand that the evacuation flight may not comply with normal international safety or luggage/cargo regulations/standards. In the case of military aircraft travel, the U.S. Government acts only as an agent and not as a contract carrier.

2. U.S. Citizens: I promise to repay the U.S. Government in U.S. dollars or the foreign currency equivalent, within 30 days of initial billing, and if not repaid within 60 days of initial billing at an interest rate established in accordance with Federal law, for all applicable expenses for my/our evacuation. This evacuation loan is in addition to any other U.S. Government loans received for other purposes. I will keep the Department of State's Accounts Receivable Branch informed of my address(es) until I repay my loan in full. If I am unable to pay this loan in full, the Department of State may, at its discretion and upon my request, forward to me an installment agreement containing an installment plan for repayment of my loan.

3. I understand that:

(a) I will be billed for the cost of my/our transportation no greater than the amount of a full-fare economy flight, or comparable alternate transportation, to the designated destination(s) that would have been charged immediately prior to the events giving rise to the evacuation.
(b) My obligation to repay my loan will not be considered paid in full until it clears through the account of the Treasurer of the United States.
(c) Until I have paid my loan in full, I and all listed U.S. citizen family members will only be eligible for a limited validity U.S. passport.
(d) If my loan is in default, I and all listed U.S. citizen family members will not be eligible for a limited validity U.S. passports.
(e) My loan will be subject to interest, penalties, and other charges for late payment as directed by law and regulation.
(f) I will be liable to pay any costs for collection.

4. I will include my name, date of birth, place of birth, and Social Security number with all correspondence, payments, and questions. I will make payment to the Department of State, Accounts Receivable by credit/debit card, check or money order payable to Accounts Receivable Branch, PO Box 979005, St. Louis, MO 63197-9000. Send questions by mail or courier (DHL, FedEx, UPS, etc.) to: Accounts Receivable Branch, Comptroller and Global Financial Services, Department of State, 2010 Bainbridge Ave., North Charleston, SC 29405. To make inquiries by telephone: From the U.S. or Canada, call: 1-800-521-2116 or internationally, call 843-746-0592. To make inquires by email, contact: FMPARD@state.gov).

5. Non U.S. Citizens: I understand that my government and the United States will determine the amount I owe and means of repayment. My government may seek reimbursement from me for the cost of my/our evacuation.

**90. Signature Block for Applicant** ***(Not Applicable to U.S. Government employees on official assignment and/or Eligible Family Members. Third Party Contractors must complete.)***

I hereby accept the foregoing terms and conditions of repayment for myself and persons listed. **I understand that refusal to sign does not relieve me of my debt if the persons listed used the transport.**

91. Full Name Printed _____

92. Signature* (Inked, Typed) _____ 93. Date *(DD-MMM-YYYY)* _____

**Retyping your name in this box using a digital device is as acceptable as signing with pen and paper.*

Identity Document Number from Line 7

## PART 3 - CONSULAR NOTES - For Official Use Only

- ☐ No Signature of Loan Recipient - Minor
- ☐ No Signature of Loan Recipient - Incapacitated/Incompetent Adult
- ☐ Loan Includes Temporary Subsistence Associated with Evacuation
- ☐ No Social Security Number
- ☐ Escort of the Primary Applicant *(No Familial Relationship)*
- ☐ Other *(Please Explain)*

_____

**If applicable, List below U.S. citizen associated with Third Country National/Host Country National, accompanying spouse or partner, or escort primary applicant.**

| Name of the U.S. Citizen | Date of Birth | Place of Birth | Social Security Number |
|---|---|---|---|
| | | | |

**FOR OFFICIAL USE ONLY TO BE COMPLETED BY U.S. CONSULAR OFFICER** ***(Insert number of individuals for each category)***

Transport Number _____ ☐ U.S. Citizen ☐ Host Country National ☐ USG Employee/EFM on Official Assignment

Transport Type _____ ☐ Third Country National ☐ Foreign Diplomat

Evacuation from _____ to _____ on date *(DD-MMM-YYYY)* _____

## PART 4 - CONSULAR OFFICER SIGNATURE AND CERTIFICATION

The undersigned consular officer approves the loan specified above and certifies the persons listed boarded the transport.

_____ _____

Signature of Consular Officer (Inked, Typed, Digital Signature*) Name of Post

_____ _____

Name of Consular Officer Date *(DD-MMM-YYYY)*

**SEAL**

Title of Consular Officer

* Retyping Consular Officer name in the box using a digital device is acceptable as signing with pen and paper or digitally.

## 94. WRITTEN CONSENT TO RELEASE OF PERSONAL INFORMATION UNDER THE PRIVACY ACT

***The Privacy Act written consent is optional and will not affect the Department of State's processing of your loan application.***

I voluntarily consent to the Department of State, including U.S. diplomatic and consular missions, providing information about me and persons listed to:

*(Please place a check in the following boxes for the people to whom you authorize information to be released.)* ☐ family ☐ friends ☐ individual members of congress, ☐ members of the press, ☐ and the general public.

95. Signature (Inked, Typed*) _____ 96. Date *(DD-MMM-YYYY)* _____

** Retyping your name in this box using a digital device is as acceptable as signing with pen and paper.*

### PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT

**AUTHORITY: The information on this form is requested under the authority of 22 U.S.C. § 2671, 2715, 4802, and 2357, 31 USC 3711 through 31 USC 3720, 22 CFR Part 71; and E.O. 9397, as amended.**

**PURPOSE: The principal purpose of the information gathered is to document the travel of and loan issuance to eligible persons who use U.S. government coordinated transport out of a crisis location and to facilitate debt collection.**

**ROUTINE USES: The information on this form may be shared with other U.S. or foreign government agencies, and other relevant individuals and entities, consistent with the purposes here described and for other purposes. More information on the Routine Uses for the system can be found in the System of Records Notice State-05, Overseas Citizens Services Records and Other Overseas Records and the Department of State's Prefatory Statement of Routine Uses.**

**DISCLOSURE: Furnishing the requested information is voluntary. Failure to provide the information requested on this form may result in delays in reviewing the application or in an inability to provide the requested assistance.**

### PAPERWORK REDUCTION ACT (PRA) STATEMENT

**Public reporting burden for this collection of information is estimated to average 20 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, 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 and/or recommendations for reducing it, please send them to: CA/OCS/MSU, 600 19th Street, N.W., SA-17, 10th floor, U.S. Department of State, Washington, D.C. 20520-1710.**