



SMART TRAVELER ENROLLMENT PROGRAM

The Smart Traveler Enrollment Program is a free service provided by the U.S. Government to U.S. nationals who are traveling to, or living in, a foreign country. Enrollment allows you to record information about your upcoming trip abroad that the U.S. Department of State can use to assist you in case of an emergency. To enroll your trip or foreign residence, please fill out the form below and return to the U.S. Department of State.

Personal Information: Fill out your Personal Information

Full Name (*Last, First, Middle*)

Email Address	Date of Birth (<i>mm-dd-yyyy</i>)	Citizenship	Sex
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U.S. Passport Information

Passport Book or Passport Card Number

Emergency Contact Information: Fill out your Emergency Contact Information. Your Emergency Contact should be someone who is not traveling or living with you.

Full Name (*Last, First, Middle*)

Address	City	U.S. State or Foreign Province
Country	Postal Code	Phone Number
Email Address	Relationship to Primary Traveler/Resident	

PRIVACY ACT STATEMENT

The U.S. Department of State is committed to ensuring that any personal information received by our overseas U.S. embassies and consulates pursuant to the Smart Traveler Enrollment Program (STEP) process, whether in person or otherwise, is safeguarded against unauthorized disclosure. The data that you provide the U.S. Department of State is subject to the provisions of the Privacy Act (5 USC § 552a). This means that the U.S. Department of State will not disclose the information you provide us in your STEP application to any third parties unless you have given us written authorization to do so, or unless the disclosure is otherwise permitted under the Privacy Act.

AUTHORITY: The information on this form is requested under the authority of 22 U.S.C. 4802(b); 22 U.S.C. 2715; 22 U.S.C. 211a note.

PURPOSE: The principal purpose of the information gathered is to allow U.S. nationals to submit their travel plans and/or subscribe to travel alerts online by using secure encryption. STEP enables the Department and its embassies and consulates abroad to better assist U.S. citizens in the event of a crisis, disaster, or other emergency by providing contact information about U.S. nationals present in country and as a means of sending targeted messages and alerts to them.

ROUTINE USES: This information may be disclosed to another domestic government agency, a foreign government agency, or to a private person in accordance with certain approved routine uses. The uses include, but are not limited to, law enforcement activities, employment verification, fraud prevention, border security, counterterrorism, litigation activities, and activities that meet the Secretary of State's responsibilities to protect U.S. citizens and non-citizen nationals abroad.. 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 enrolling you in STEP or in an inability to provide the requested assistance.

Destination

Itinerary

Please provide enough information about your Destination or Overseas Residence to help the U.S. embassy or consulate contact you or the point of contact for your trip in case of an emergency. The Type of Visit, Date of Arrival at Destination, Date of Departure from Destination (*except for Indefinite Stay visits*), and Country must be entered. For example, providing the hotel name, the city, and the country will be useful, even if you can not provide the hotel phone number. Please provide the dates you will be in that location, even if approximate.

Date of Arrival (mm-dd-yyyy)	Date of Departure from Destination (mm-dd-yyyy) <input type="checkbox"/> My departure date is unknown or indefinite	Purpose of Travel
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Type of Travel <input type="checkbox"/> Trip <input type="checkbox"/> Resident	Address	City
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U.S. State or Foreign Province	Country	Postal Code
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Phone Number	Email Address
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Point of Contact Full Name

Point of Contact Phone Number	Point of Contact Email Address
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Additional Travelers/Members of Household
If you are traveling or residing with one or more travelers/members of household, please fill out their Personal Information below. Attach additional copies of this form if you need more space.

Additional Traveler/Member of Household #1

Full Name (Last, First, Middle)

Address	City	U.S. State or Foreign Province
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Country	Postal Code	Phone Number	Email Address
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Date of Birth (mm-dd-yyyy)	Citizenship	Relationship to Primary Traveler/Resident
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Comments	Passport Book or Passport Card Number
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Additional Traveler/Member of Household #2

Full Name (Last, First, Middle)

Address	City	U.S. State or Foreign Province
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Country	Postal Code	Phone Number	Email Address
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Date of Birth (mm-dd-yyyy)	Citizenship	Relationship to Primary Traveler/Resident
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Comments	Passport Book or Passport Card Number
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Additional Traveler/Member of Household #3Full Name (*Last, First, Middle*)

Address

City

U.S. State or Foreign Province

Country

Postal Code

Phone Number

Email Address

Date of Birth (*mm-dd-yyyy*)

Citizenship

Relationship to Primary Traveler/Resident

Comments

Passport Book or Passport Card Number

Additional Destination Information

If you are visiting more than one city or country during your trip, enter details about your destination to help the U.S. embassy or consulate contact you or the point of contact for your trip in case of an emergency. Attach additional copies of this form if you need more space.

Additional Destination #1Date of Arrival (*mm-dd-yyyy*)Date of Departure from Destination (*mm-dd-yyyy*)

Purpose of Travel

 My departure date is unknown or indefinite

Type of Travel

Address

City

 Trip Resident

U.S. State or Foreign Province

Country

Postal Code

Phone Number

Email Address

Point of Contact Full Name

Point of Contact Phone Number

Point of Contact Email Address

Additional Destination #2Date of Arrival (*mm-dd-yyyy*)Date of Departure from Destination (*mm-dd-yyyy*)

Purpose of Travel

 My departure date is unknown or indefinite

Type of Travel

Address

City

 Trip Resident

U.S. State or Foreign Province

Country

Postal Code

Phone Number

Email Address

Point of Contact Full Name

Point of Contact Phone Number

Point of Contact Email Address

Additional Destination #3

Date of Arrival (mm-dd-yyyy)	Date of Departure from Destination (mm-dd-yyyy) <input type="checkbox"/> My departure date is unknown or indefinite	Purpose of Travel
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Type of Travel <input type="checkbox"/> Trip <input type="checkbox"/> Resident	Address	City
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U.S. State or Foreign Province	Country	Postal Code
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Phone Number	Email Address
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Point of Contact Full Name

Point of Contact Phone Number	Point of Contact Email Address
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If there are any additional destinations, please attach the required information on a separate sheet of paper.

PAPERWORK REDUCTION ACT

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 documents, providing the information or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a valid Office of Management and Budget (OMB) number. If you have comments on the accuracy of this burden estimate or recommendations for reducing it, please send them to: Bureau of Consular Affairs, Overseas Citizens Services (CA/OCS/MSU), U.S. Department of State, SA-17, 10th Floor, Washington, DC 20036.