



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)

[Redacted Name Fields]

Email Address	Date of Birth (mm-dd-yyyy)	Citizenship	Gender
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U.S. Passport Information

Passport 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)

[Redacted Name Fields]

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

PRIVACY ACT STATEMENT

Fill out your Privacy Act information. You must check the check box to indicate that you have read the 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 solicited in this form is requested pursuant to provisions in 22 U.S.C. § 2715 and 22 U.S.C. § 4802(b) of the U.S. Code and 22 C.F.R. § 71.1 and 22 C.F.R. § 71.6 of the Code of Federal Regulations.

PURPOSE: To notify and assist U.S. nationals in the event of a disaster, emergency, or other crisis, and for evacuation coordination.

ROUTINE USES: The information solicited in this form will become part of the Overseas Citizen Services System of Records and may be disclosed to another domestic government agency, a private contractor, a foreign government agency, or to a private person in accordance with certain approved routine uses. These routine 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 responsibility to protect U.S. citizens and non-citizen nationals abroad. The information may also be made available to private U.S. nationals, known as citizen liaison volunteers, designated by U.S. embassies to assist in communicating with the private U.S. community in an emergency. More information on the Routine Uses for the system can be found in the System of Records Notice, State-05, Overseas Citizen Services Records.

DISCLOSURE: Providing the information requested on this form is purely voluntary. Failure to provide the requested information on the form could make it more difficult for the Department to notify and assist the U.S. national in the event of an emergency.

I have read the terms of the Privacy Act Notice.

I do not authorize the U.S. Department of State to disclose my information to anyone except as authorized by law.

OR

I agree to allow the U.S. Department of State to disclose my information to:

- Family Members
- Friends
- Media
- Legal Representative
- Medical Representative
- Members of Congress
- Other

Waiver Comments

Please use this space below to specify individuals, explain, or clarify your response or describe your selection of "Other".

Destination**Itinerary**

Please provide enough information about your Destination or Overseas Residence to help a U.S. consular officer contact you 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 (<i>mm-dd-yyyy</i>)	Date of Departure from Destination (<i>mm-dd-yyyy</i>) <input type="checkbox"/> My departure date is unknown or indefinite	Purpose of Visit	
Address		City	U.S. State or Foreign Province
Country	Postal Code	Phone Number	Email Address

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 (<i>Last, First, Middle</i>) [REDACTED]			
Address		City	U.S. State or Foreign Province
Country	Postal Code	Phone Number	Email Address
Date of Birth (<i>mm-dd-yyyy</i>)	Citizenship		Relationship to Primary Traveler/Resident
Comments			Passport or Passport Card Number

Additional Traveler/Member of Household #2

Full Name (<i>Last, First, Middle</i>) [REDACTED]			
Address		City	U.S. State or Foreign Province
Country	Postal Code	Phone Number	Email Address
Date of Birth (<i>mm-dd-yyyy</i>)	Citizenship		Relationship to Primary Traveler/Resident
Comments			Passport or Passport Card Number

Additional Traveler/Member of Household #3

Full Name (<i>Last, First, Middle</i>) [REDACTED]			
Address		City	U.S. State or Foreign Province
Country	Postal Code	Phone Number	Email Address
Date of Birth (<i>mm-dd-yyyy</i>)	Citizenship		Relationship to Primary Traveler/Resident
Comments			Passport 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 that could help a consular officer contact you in case of an emergency. Attach additional copies of this form if you need more space.

Additional Destination #1

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

Additional Destination #2

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

Additional Destination #3

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

PAPERWORK REDUCTION ACT

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 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/PMO), U.S. Department of State, SA-17, 10th Floor, Washington, DC 20036.

If there are any additional destinations, please attach the required information on a separate sheet of paper.