U.S. Department of State

EVACUEE MANIFEST AND PROMISSORY NOTE

OMB APPROVAL - NO.1405-0211
EXPIRATION DATE: 10-31-2020
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 Issuing Country Passport Number or National ID No.	8. Sex ☐ Male ☐ 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. Accompanying Minor Children or Incapacitated/Incompetent Adults Only, 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 Issuing Country Passport No. or National ID No.	42. Sex ☐ Male ☐ Female	43. This Person is My:

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 Issuing Country Passport No. or National ID No.	51. Sex ☐ Male ☐ Female	52. This Person is My:

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 Passport No. OR National ID No.	☐ Male ☐ 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 Passport No. OR National ID No.	☐ Male ☐ 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 Passport No. OR National ID No.	☐ Male ☐ 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 Passport No. OR National ID No.	☐ Male ☐ 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 _____ 93. Date *(DD-MMM-YYYY)* _____

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 _____

Transport Type

- ☐ U.S. Citizen Loan Recipient
- ☐ Legal Permanent Resident Loan Recipient
- ☐ USG Employee/EFM on Official Assignment
- ☐ Third Country or Host Country National Loan Recipient
- ☐ Foreign Diplomat Loan Recipient

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

_____ Name of Post

Typed or Printed Name of Consular Officer

Date *(DD-MMM-YYYY)*

Title of Consular Officer

SEAL

94. AUTHORIZATION FOR RELEASE OF INFORMATION UNDER THE PRIVACY ACT

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

I authorize the Department of State, including U.S. diplomatic and consular missions, to release 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 _____ 96. Date *(DD-MMM-YYYY)* _____

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; and E.O. 9397, as amended.

PURPOSE: The principal purpose of the information gathered is to provide an accurate list of U.S. citizens and non-U.S. citizens being evacuated from foreign countries in times of crisis. The information will also assist in collection of expenses incurred by the U.S. Government for evacuations.

ROUTINE USES: The information solicited on this form may be made available to other government agencies to assist the U.S. Department of State in processing emergency loan and evacuation documentation and related services and for law enforcement and administrative purposes. Also see the Department of State's routine uses for Overseas Citizens Services Records and the Prefatory Statement of Routine Uses published in the Federal Register.

DISCLOSURE: Furnishing the requested information is voluntary, but failure to provide it 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 estimate and/or recommendations for reducing it, please send them to: CA/OCS/L, 4th Floor, SA-29, U.S. Department of State, Washington, DC 20522-2202.