

U.S. Department of State

OMB Control Number: 1405-0254 Expiration: 01-31-2025 Estimated Burden: 10 minutes

REQUEST FOR AUTHENTICATIONS SERVICE Type or print using black ink when completing this form.

USE OF THIS FORM

This form is used by individuals, institutions, and government agencies to request authentication and/or apostille certificates under the seal of the U.S. Department of State for documents used for legal and administrative purposes abroad. For information or questions, visit www.travel.state.gov or call 202-485-8000.

INSTRUCTIONS

Complete one copy of this form per individual or company to be submitted with your documents and payment. <u>Walk-In Service</u>: A maximum of 15 documents are allowed for submission per customer/company for walk-in services. <u>Mail-In Service</u>: Attach continuation sheet(s) for mail-in requests exceeding 15 documents. Failure to submit this form with your documents and payment will result in your request being denied and documents returned.

Section 1. Customer Contact Information: Provide individual's full name or company's name (complete spelling). Indicate email address; telephone number(s) home, work and/or cell. If the document(s) were mailed or hand carried for a Federal Agency, for Official Government business, please specify agency's name, bureau, and/or office acronyms. Provide mailing address.

Section 2. Shipping Details (for Mail-In Service): If shipping the document(s), indicate delivery method (type of mail service used to return the document). If available, provide a tracking number including all letters and numbers (i.e., DOS, USPS, UPS, DHL, and Other). Indicate the complete address the document(s) will be returned to for proper delivery. All documents will be returned to one location. We do not return documents FedEx and in multiple envelopes.

Section 3. Courier/Representative Contact Information: If you are submitting/or retrieving a request on behalf of someone other than yourself or a company, please provide specific and detailed information. The full name of the individual's or company's name is required to properly search the database. If you are retrieving document(s), your name must appear in section 2 of the intake form and U.S. government or state issued identification is required. Provide individual's full name or company's name (complete spelling). Indicate telephone number(s) daytime, evening, or cell number.

Section 4. Document Information: Indicate the country (or countries) of use, the number of documents, and the document type.

Section 5. Projected Cost: The authentication process fee is \$20.00 per document, not per page. This fee will be charged regardless of whether you receive an authentication certification or a correspondence letter. Pay the total amount shown in the estimated cost field. (The exact amount is required.) Allowable payment methods include money orders, checks (personal, corporate, certified, cashiers, travelers) all payable to the "U.S. Department of State." <u>Walk-in</u> service only: In addition to the payment methods noted above; Cash (exact amount), Credit Cards and Debit/Check Cards (Visa, MasterCard, American Express, and Discover) are accepted. <u>Do not send cash by mail.</u>

WARNING

False statements made knowingly and willfully in this application, are punishable by fine and/or imprisonment under U.S. law including the provisions of 18 U.S.C. 1001. Also, be advised that pursuant to 22 CFR § 131.2, the Department of State will not certify to a document when it has good reason to believe that the certification is desired for an unlawful or improper purpose.

PRIVACY ACT STATEMENT

AUTHORITIES: Collection of the information solicited on this form is authorized by R.S. 203; 63 Stat. 111, as amended, sec. 4; 62 Stat. 946, sec. 1733; 66 Stat. 174, secs.104, 332; 66 Stat. 252; 8 U.S.C. 1104; 8 U.S.C. 1443; 8 U.S.C. 2657; 8 U.S.C. 2658; 28 U.S.C. 1733; 22 CFR Part 131.

PURPOSE: The purpose for soliciting the information requested on this form is to ensure that the documentation submitted is the same as the documentation received and processed by the Office of Authentications.

ROUTINE USES: The information solicited on this form may be made available as a routine use to other government agencies and private contractors to assist the U.S. Department of State in issuing certificates under the Seal of the U.S. Department of State and requests for related services, and for law enforcement, fraud prevention, border security, counterterrorism, litigation activities, and administrative purposes. For a more detailed listing of the routine uses to which this information may be put, please see the Department of State's Prefatory Statement of Routine Uses (Public Notice 6290 of July 15, 2008) and the listing of routine uses set forth in the System of Records Notices for Overseas Citizen Services Records and Other Overseas Records (State-05) and Passport Records (State-26).

DISCLOSURE: Providing information on this form is voluntary. However, failure to provide the information requested on this form could result in the Office of Authentications' inability to process your request.

PAPERWORK REDUCTION ACT (PRA) STATEMENT

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time required for searching existing data sources, gathering the necessary data, 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: Passport Forms Officer, U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Program Management and Operational Support, 44132 Mercure Cir. PO Box 1199, Sterling, Virginia 20166-1227.



U.S. Department of State

OMB Control Number: 1405-0254 Expiration: 01-31-2025 Estimated Burden: 10 minutes

REQUEST FOR AUTHENTICATIONS SERVICE

Type or print using black ink wh<u>en completing this form.</u>

Service Number						
SECTION 1: CUSTOMER CONTACT INFORMATION						
Person of Contact's Name (Last, First, MI) Suffix/Pi			Suffix/Pre	fix Email		Date (mm/dd/yyyy)
Phone:	ell Home or Work Extension		Case Type (If Federal Agency Must Be Official Business) Individual Company Federal Agency Specify:			
Mailing Address						
Line 1						
Line 2	<u>.</u>					
City	State/Province			Country		Zip Code
	SECTION 2:			SHIPPING DE	ΤΔΙΙ S	
(Please complete this section ONLY if you are shipping the documents.)						
Deliv	ery Method: 🗆 Self	f-Addressed Stamped	Envelope 🗆 UPS	5 🗆 DHL 🗆 Oth	er Tracking Number	er:
		SECTION 3: COU				MATION
Are you submitting/retrieving this request on behalf of another individual? YES NO				Name (Last, First, N	11)	
Company			Phone		Extension	
SECTION 4: DOCUMENT INFORMATION (Note: Use Continuation Sheet for mail-in requests exceeding 15 documents)						
	Country of Use	Docume		Number of	Processing Fee	equests exceeding 15 documents .) Document Label
	(Outside U.S.)			Documents	Per Document	(For Official Use Only)
						_
						Received:
						OP:
						DATE:
						СК#:
						Cash:
						DE:
						DATE:
						□ No FEE
						□ No RTN ENV
						_
			SECTION	DROIECTED		
	SECTION 5: PROJECTED Document Total:				x \$20.00 per	Estimated Cost:
	Fee Offici			···	document	
For Official Use Only						
Specialist Notes: Incorrect Fees Problem with Doc Rejection Date:						
Date: Call Email Specialist:						
Date: Call Email Specialist:						



U.S. Department of State

REQUEST FOR AUTHENTICATIONS SERVICE

Type or print using black ink when completing this form.

OMB Control Number: 1405-0254 Expiration: 01-31-2025 Estimated Burden: 10 minutes

Service Number (Note: Use Continuation Sheet for mail-in CONTINUATION SHEET (SECTION 4: DOCUMENT INFORMATION) requests exceeding 15 documents.) Country of Use (Outside U.S.) Document Label Document Type Number of **Processing Fee** Documents Per Document (For Official Use Only) Received: _____ OP: DATE: CK#: Cash: DE: DATE: □ No FEE No COU □ No DOC **No RTN ENV**