

U.S. Department of State

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APPLICATION FOR OFM WEBSITE ACCOUNT

Email application to OFM HelpDesk at OFMeGovHelpDesk@state.gov

Type of Request						
New Account	Change to Existing Account	Delete Account				
Section 1 Applicant Information Mission						
1. Surname	2. Given Name	3. Middle Initial	4. PID			
5. Date of Birth (mm-dd-yyyy)	6. Telephone Number	7. E-mail Address				
Section 2 User Acknowledgement						
Department of State to the mission(s) lister divulge my login or password to any other compromised. I further acknowledge that i days of inactivity.	is account for the sole purpose of requesting d in Section 4 of this application. Any other u person. I will notify the OFM HelpDesk if I ha improper use could result in administrative ac	sers of this account are strictive any reason to believe my	ctly prohibited. I will not y password has been			
Print Name						
Signature	Date (mm-dd-yyyy)					
Section 3 Account Access (check application of All	able sections) Bonded Warehouse	Port Co	purtesies			
Accreditation	Customs	Tax				
Airport Escort	DMV	White H	House Tours			
Diplomatic Relations Act (22 U.S.C. 254a-e); Interamended. PURPOSE: The purpose of this form is to authorist this form will be used to determine eligibility and compared to the compared to the purposes as covered under STATE 36, Security Fig. 1.	nt to Vienna Convention on Diplomatic Relations of mational Organizations Immunities Act (22 U.S.C. 2 ze access to the Office of Foreign Missions' electrogreate user accounts for the e-Gov system. It is form may be provided to other federal agencies accords. This information also may be provided to the intary; Failure to provide the information requested of the	288e (a)); Foreign Missions Act onic data submission (e-Gov) sy- for law enforcement, administra the employing foreign governme	of 1982 (22 U.S.C. 4301-4316) as stem. The information solicited on tive or other statutorily authorized ent or international organization.			
	mation is estimated to average 10 minutes per resp g the information and/or documents required, and re htly valid OMB control number. If you have comme	eviewing the final collection. Yo	ou do not have to supply this			

recommendations for reducing it, please send them to: M/OFM, 3507 International Place NW, Washington, DC 20008.

Section 4 Authorized Missions

Mission		City	State	ZIP Code			
Section 5 Head of	Post Acknowledgeme	nt					
The applicant listed on this form is an accredited member of the post of which I am the head. I certify this applicant should have the account access as indicated on this form. I acknowledge if I am made aware of or suspect any improper use of this account, I will promptly notify OFM at OFMeGovHelpDesk@state.gov.							
Print Name			PID _				
Signature		Date (mm-dd-yyyy)					
E-mail							
L-IIIaii							
Mission Seal Required							
Section 6 Office of Foreign Missions Approval							
Print Name							
Signature		Date (mm-dd-yyyy)					
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