



U.S. Department of State Special Issuance Agency DoD Passport Application Acceptance Program

Acceptance Facility Annual Certification Instructions

All acceptance facilities must submit an Annual Certification packet each year to verify information and confirm compliance with Program requirements. Any facility that does not submit this packet by the annual October 31 deadline will be suspended from the Program and cannot accept passport applications or offer other passport services until further notice.

Submission Instructions

1. Complete all pages of this packet and keep the **original** form in a permanent file at the facility.
2. Submit all pages of this packet via email to SIA at CA-PPT-SIA-AnnualCertification@state.gov and DET at usarmy.belvoir.hgda-ooa-dol-w.mbx.paaf@mail.mil by no later than **October 31, 2016**.

Acceptance Facility Information (Section I)

Annual Certification: Check this box if submitting for the annual certification of the facility.

Nomination: Check this box only if submitting to nominate a new facility. Submit the packet directly to DET with a justification memo. If approved by SIA, a Facility ID Number will not be issued until at least one nominated agent has successfully completed training.

Address Section: List the facility's complete physical street address where all assigned agents accept applications. Provide a complete mailing address if different than the physical address.

Head of Facility Section: List all information for the Head of Facility designated by the installation. S/he must be a permanent/direct-hire employee of DoD who has direct oversight of acceptance agents, has the authority to grant approval for in-person site visits or inspections, and can request or redistribute resources.

Number of Applications: List the number of applications the facility accepted in the past fiscal year. If an exact figure is not available, estimate as accurately as possible. For nominations, leave this field blank.

Acceptance Agents: List all acceptance agents assigned to the facility. Do not list anyone who has not completed training. Active agents who are not listed here will be removed as of the date of the packet.

Acceptance Facility Eligibility (Section II)

The Head of Facility must complete and initial this section if it is a dual- or multi-function facility. Please contact SIA's Customer Service Office with any questions about this policy or facility eligibility.

Head of Facility Eligibility (Section III)

The Head of Facility must complete and initial this section to certify compliance with Program requirements. The packet will not be accepted if an explanation is not provided for any fields that are not initialed.

Acceptance Agent Eligibility (Section IV)

This page must be completed separately and signed by **each** Acceptance Agent. Each agent must attach a copy of his/her most recent training certificate that shows s/he successfully completed acceptance agent training within the past two years.



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**Acceptance Facility
Annual Certification**

Return the complete form to:
 Special Issuance Agency, Customer Service Office at
CA-PPT-SIA-AnnualCertification@state.gov
 Directorate of Executive Travel at
usarmy.belvoir.hqda-oaa-dol-w.mbx.paaf@mail.mil

I. Acceptance Facility Information

Type of Certification: Annual Certification **OR** Nomination

Facility Name: _____

Installation Name: _____

Facility ID Number: _____ **Branch of Service:** _____

Facility Acronym: _____

Unit/Installation's Size (Number of Personnel this Acceptance Facility Serves): _____

Street Address (No PO Box, APO, etc.): _____

City: _____ **State/Country:** _____ **Zip/Country Code:** _____

Mailing Address (No PO Box, APO, etc.): _____

City: _____ **State/Country:** _____ **Zip/Country Code:** _____

Facility Phone Number (Commercial, No DSNs): _____

Facility Email Address: _____

Head of Facility Name: _____

Head of Facility Title: _____

Head of Facility Phone Number (Commercial, No DSNs): _____

Head of Facility Email Address: _____

Number of Passport Applications Accepted in Fiscal Year 2016 (Oct. 1-Sept. 30): _____

List of Acceptance Agents Assigned to Facility (Use an additional page if needed. Each agent listed below must also complete a separate Page 4):

Acceptance Agent Full Name	-	Agent ID Number
1. _____	-	_____
2. _____	-	_____
3. _____	-	_____
4. _____	-	_____
5. _____	-	_____
6. _____	-	_____



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II. Acceptance Facility Eligibility

Facility ID Number: _____

Can this facility create, print, amend, or accept applications for Identity Documents (such as driver's licenses or DoD ID cards)?

YES NO

If yes, the Head of Facility must initial all fields below certifying the facility is in compliance. If no, then the Head of Facility is only required to sign and date this page and continue to Section III.

Facility personnel do not have overlapping duties between passport acceptance functions and birth/identity document functions. This includes performing these duties on different days or hours.

_____ Initial

Safety paper and/or blank cardstock is stored in a secure, locked container, and not accessible to Passport Application Acceptance Program personnel at any time.

_____ Initial

If applicable, electronic transmittals and passport applicant information is in a separate electronic system and/or database from birth or identity document information.

_____ Initial

The Federal and Military Passport Agent's Reference Guide (Federal PARG), and any other passport acceptance documents, information, and correspondence, is only accessible to trained, approved Passport Application Acceptance Program personnel.

_____ Initial

Identity document printing, application acceptance, or record creation functions exist in a separate physical space from the Passport Application Acceptance Program.

_____ Initial

I certify that all information completed and statements initialed on this form are true and correct.

Head of Facility Signature: _____ Date: _____

Print Head of Facility Name: _____



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III. Head of Facility Eligibility

The Head of Facility must be a designated representative that accepts responsibility for all facets of the Passport Application Acceptance Program at this facility. The Head of Facility must initial all of the below and sign the bottom certifying s/he is in compliance.

All acceptance agents meet all qualifications listed in the Federal PARG and on the Acceptance Agent Eligibility page of this packet. For each acceptance agent, a copy of Page 4 and proof of completion of training are enclosed with this packet.

Initial

The number of trained acceptance agents are necessary to meet demand and ensure quality customer service.

Initial

Every aspect of the acceptance process is void of the appearance of any impropriety, real or perceived.

Initial

The acceptance facility provides passport services equally to all DoD and U.S. Coast Guard customers, including members of other branches of service, DoD civilian employees, and accompanying eligible family members.

Initial

All acceptance agents have successfully completed training within the past two years.

Initial

All passport forms are accessible to customers (online and/or hardcopy).

Initial

Newsletters, notices, the latest version of the Federal PARG, and any other correspondence about the Passport Program are available to all acceptance agents, and new materials and correspondence are distributed in a timely manner.

Initial

Copies of transmittals are kept in a secure location for 24 months and destroyed in accordance with the Federal PARG.

Initial

I certify that all statements initialed on this page are true and correct, and I accept responsibility for all facets of the Passport Application Acceptance Program at this facility.

Head of Facility Signature: _____

Date: _____

Print Head of Facility Name: _____

Facility ID Number: _____



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IV. Acceptance Agent Eligibility

Each acceptance agent must (1) complete a separate copy of this page; (2) initial all requirements below; (3) sign at the bottom (no digital signatures); and (4) attach a copy of his/her most recent training certificate.

Acceptance Agent Name: _____ **Facility ID Number:** _____

Email Address (Business, Not Personal): _____

Phone Number (Business, No DSNs): _____ **Training Date:** _____

I am eighteen years of age or older. _____
Initial

I am a U.S. citizen. _____
Initial

I am a permanent or direct-hire employee of the DoD and acceptance facility (not temporary, ad hoc, volunteer, or contract). _____
Initial

I am in the pay grade of E-4/GS-4 or above. _____
Initial

I have or am able to obtain and maintain a secret clearance. _____
Initial

I have been designated by my Command and am expected to serve for a minimum of one year as an acceptance agent at this facility. _____
Initial

I am not presently on parole or probation, under indictment, or convicted of any Federal, State, or local felony or misdemeanor related to breach of trust or moral turpitude (i.e. embezzlement, document fraud, drug offense, or dishonesty carrying out a responsibility involving public trust). _____
Initial

Have you ever previously been designated as an acceptance agent? YES NO

Previous Facility Name: _____

Previous Facility Location: _____

Previous Facility ID Number: _____

I agree to accept U.S. passport applications on behalf of the Department of State in accordance with the directives of the Special Issuance Agency and Passport Services.

Acceptance Agent Signature: _____ **Date:** _____