



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

## Acceptance Agent Add/Change/Remove Form Instructions

Passport Acceptance Facilities are required to submit the “Acceptance Agent Add/Change/Remove” form to the Special Issuance Agency (SIA) within five (5) business days of any change in personnel information. This includes when a new Acceptance Agent is selected or transferred from another location, an agent changes his/her name, or an agent is no longer accepting passport applications at the facility. The form must be signed by the Head of Facility to certify that all information is true and correct.

### **Add a New or Transferred Acceptance Agent (Section I & IV)**

Complete both Section I and IV to:

- Nominate an individual to attend passport agent training. *For nominations only:* A training certificate does not need to be submitted, but the requested training date should be listed in place of the Agent ID Number. Nominees will not be designated as Acceptance Agents until SIA verifies successful completion of training.
- Add an agent who is transferring from another Acceptance Facility. The previous facility must have already submitted the form to remove the agent before the transfer can be processed.
- Reinstate an agent who has returned from extended leave or deployment and needs to be returned to active status before resuming agent duties at the facility.

### **Change the Name of an Acceptance Agent (Section II)**

Complete this section to report the name change of a current Acceptance Agent. Submit a copy of the legal name change document with the form.

### **Remove an Acceptance Agent (Section III)**

Complete Section III to remove Acceptance Agents who are no longer working or accepting applications at the facility, including any agents who will be on extended leave or deployment for a period over 30 days (complete Section I and IV to reinstate upon return).

### **Submission Instructions**

1. Please submit an electronic copy of all completed pages of this form via email to the Special Issuance Agency’s Customer Service Office at [CA-PPT-SIA-CS@state.gov](mailto:CA-PPT-SIA-CS@state.gov) and the Directorate of Executive Travel at [usarmy.belvoir.hqda-oaa-dol-w.mbx.executive@mail.mil](mailto:usarmy.belvoir.hqda-oaa-dol-w.mbx.executive@mail.mil).
2. Please keep the **original** form in a permanent file at your Acceptance Facility.

**Note:** The form must be signed by the Head of Facility in SIA’s records. If the Head of Facility has changed, please also submit the “Acceptance Facility Changes” form.



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**Acceptance Agent  
Add/Change/Remove**

**Return the complete form to:**  
 Special Issuance Agency, Customer Service Office  
[CA-PPT-SIA-CS@state.gov](mailto:CA-PPT-SIA-CS@state.gov)  
 Directorate of Executive Travel  
[usarmy.belvoir.hqda-oaa-dol-w.mbx.executive@mail.mil](mailto:usarmy.belvoir.hqda-oaa-dol-w.mbx.executive@mail.mil)

**Acceptance Facility Name:** \_\_\_\_\_

**Installation Name:** \_\_\_\_\_

**Facility ID Number:** \_\_\_\_\_

***I. New or Transfer Acceptance Agent Information***

Print each new or transfer agent name. Each agent must also complete and sign an Acceptance Agent Eligibility page in **Section IV of this form**.

Acceptance Agent Name	Acceptance Agent Signature (no digital signatures)	Agent ID Number (if already assigned)

***II. Acceptance Agent Name Changes***

Print former (on record) and new (changed) Acceptance Agent name and sign new name.

Acceptance Agent Former Name	Acceptance Agent New Name	Acceptance Agent New Signature	Agent ID Number

***III. Acceptance Agent Removal***

Print the names of Acceptance Agents who are no longer accepting applications at this Acceptance Facility, including those who are or will be on extended leave or deployment for a period over 30 days.

Acceptance Agent Name	Agent ID Number	Effective Date	Other Acceptance Facilities Where Agent Will Transfer/Continue to Work

**I accept responsibility for each Acceptance Agent at my facility, including determining their eligibility prior to nomination and/or designation. I certify that all statements on this form are true and correct.**

**Head of Facility Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Head of Facility Name:** \_\_\_\_\_



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## ***IV. Acceptance Agent Eligibility***

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

**Acceptance Agent Name:** \_\_\_\_\_ **Facility ID Number:** \_\_\_\_\_

**Email Address (Business, Not Personal):** \_\_\_\_\_

**Phone Number (Business, Not Personal):** \_\_\_\_\_ **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 a passport 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.**

**Acceptance Agent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_