

*OMB APPROVAL NO. 1405-xxxx EXPIRATION DATE: xx-xx-xxxx ESTIMATED BURDEN: xx.



VENDOR APPLICATION FOR OFM WEBSITE ACCOUNT

Fax completed application to OFM System Director fax 202-895-3669

Type of Request				
New Account	Change to Existing Acc	ount Dele	Delete Account	
Section 1 Vendor Applicant Information Country				
1. Surname	2. Given Name	3. Middle	Initial	4. Date of Birth (mm-dd-yyyy)
5. Telephone Number	6. E-mail Address			
Section 2 User Acknowledgement				
I understand that I am authorized to use Missions that are solely associated with of tax and duty-free merchandise from b will not divulge my login or password to has been compromised. I further acknown Name Telephone	proposed purchases by the foreign onded warehouse facilities in the Ur any other entity. I will notify the Offic wledge that improper use of this acc	mission(s) listed in Sec nited States. Any other ce of Foreign Missions	tion 3 of this uses of this if I have any verse admin	s form and their eligible members account are strictly prohibited. It reason to believe my password istrative action against me.
Section 3 Authorized Missions				
Mission	City	State	ZIP	Code
Section 4 Mission Administrative Office I certify that the above named vendor is purchases by the foreign mission(s) lister facilities in the United States. I acknowled necessary to aid the Office of Foreign Market Name Protocol Identification Number	authorized to submit requests, to the din Section 3 and their eligible meredge that in the event I am made aw issions with addressing the situation	nbers), of tax and duty- /are of any improper us n.	free mercha	indise from bonded warehouse
Telephone Number		Email Address		
Date (mm-dd-yyyy)				
	Mission Seal Red	quired		
Section 5 Office Of Foreign Missions A	Approval			
Printed Name	Signature			Date (mm-dd-yyyy)

Instructions for Completing Form DS-4155 VENDOR APPLICATION FOR OFM WEBSITE ACCOUNT

This form is to be completed when access to the U.S. Department of State, Office of Foreign Mission's e-Gov Bonded Warehouse program is being requested by a vendor. This form must be completed by the bonded warehouse vendor as an account user to submit requests on behalf of the authorized mission listed in Section 3 with the approval of the accredited mission administrative officer.

1. Type of Request.

Indicate whether this request is to:

- a. Open a New Account
- b. Change an Existing Account
- c. Delete an Account

2. Section 1.

Enter complete name, date of birth, telephone number and e-mail address of vendor representative who will submit tax and duty-free purchases of merchandise requests on behalf of the mission and/or eligible mission members.

3. Section 2.

Vendor completes this section to acknowledge that the purpose for the existence of this account is understood. Print and sign the name of the vendor representative to be authorized access along with a contact telephone number and the date signed.

4 Section 3

Enter the name of all the missions (by country), along with the mission type (e.g. embassy, consulate) on whose behalf the vendor representative will submit such requests, as well as the city, state and zip code of their locations.

5. Section 4.

The administrative officer of the accredited mission completes this section to acknowledge authorization to have this application submitted by the vendor on its behalf to the U.S. Department of State. Print and sign the name, title, PID number, telephone number, and e-mail address of the authorized administrative officer. Also enter the date signed, with the mission seal in this section.

Paperwork Reduction Statement

PAPERWORK REDUCTION ACT: *Public reporting burden for this collection of information is estimated to average xx 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: A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202.