PAPERWORK REDUCTION ACT SUBMISSION Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503. 1. AGENCY/SUBAGENCY ORIGINATING REQUEST 2. OMB CONTROL NUMBER U.S. Department of State Bureau of Consular Affairs b. NONE Passport Services 4. TYPE OF REVIEW REQUESTED (X one) 3. TYPE OF INFORMATION COLLECTION (X one) a. REGULAR SUBMISSION (For b. - f., note Item A2 of Supporting Statement instructions) a. NEW COLLECTION b. EMERGENCY - APPROVAL REQUESTED BY: b. REVISION OF A CURRENTLY APPROVED COLLECTION c. EXTENSION OF A CURRENTLY APPROVED COLLECTION 5. SMALL ENTITIES Will this information collection have a significant economic d. REINSTATEMENT, WITHOUT CHANGE, OF A PREVIOUSLY impact on a substantial number of small entities? APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED e. REINSTATEMENT, WITH CHANGE, OF A PREVIOUSLY 6. REQUESTED EXPIRATION DATE APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED a. THREE YEARS FROM APPROVAL DATE f. EXISTING COLLECTION IN USE WITHOUT AN OMB CONTROL b. OTHER: NUMBER 7. TITLE Biographical Questionnaire for U.S. Passport 8. AGENCY FORM NUMBER(S) (if applicable) DS-5513 9. KEYWORDS Passport, Citizenship, Identity 10. ABSTRACT The Biographical Questionnaire for a U.S. Passport is submitted in conjunction with an application for a U.S. passport. This form collects information necessary to verify a respondent's citizenship and identity so that Passport Services may determine eligibilty for a U.S passport book or U.S. passport card. 12. OBLIGATION TO RESPOND (X one) 11. AFFECTED PUBLIC (Mark primary with "P" and all others that apply with "X") a. VOLUNTARY d. FARMS a. INDIVIDUALS OR HOUSEHOLDS b. REQUIRED TO OBTAIN OR RETAIN BENEFITS b. BUSINESS OR OTHER FOR-PROFIT e. FEDERAL GOVERNMENT c. NOT-FOR-PROFIT INSTITUTIONS f. STATE, LOCAL OR TRIBAL GOVERNMENT c. MANDATORY 13. ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN 14. ANNUALIZED COST TO RESPONDENTS (In thousands of dollars) 0 a. TOTAL CAPITAL/STARTUP COSTS a. NUMBER OF RESPONDENTS 74,021 19,160 b. TOTAL ANNUAL COSTS (O&M) b. TOTAL ANNUAL RESPONSES 74,021 19,160 (1) Percentage of these responses collected electronically c. TOTAL ANNUALIZED COST REQUESTED 0 % d. CURRENT OMB INVENTORY c. TOTAL ANNUAL HOURS REQUESTED 55,516 e. DIFFERENCE (+, -) 19,160 d. CURRENT OMB INVENTORY 0 f. EXPLANATION OF DIFFERENCE: e. DIFFERENCE (+, -) 55,516 (1) Program change (+, -) 19,160 f. EXPLANATION OF 55,516 (1) Program change (+, -) DIFFERENCE: (2) Adjustment (+, -) 0 (2) Adjustment (+, -) 16. FREQUENCY OF RECORDKEEPING OR REPORTING (X all that apply) 15. PURPOSE OF INFORMATION COLLECTION (Mark primary with b. THIRD PARTY DISCLOSURE a. RECORDKEEPING "P" and all others that apply with "X") c. REPORTING: P a. APPLICATION FOR BENEFITS e. PROGRAM PLANNING OR MANAGEMENT (3) Monthly (1) On Occasion (2) Weekly b. PROGRAM EVALUATION c. GENERAL PURPOSE STATISTICS f. RESEARCH (5) Semi-Annually (6) Annually (4) Quarterly g. REGULATORY OR COMPLIANCE (8) Other (Describe) (7) Biennially d. AUDIT 18. AGENCY CONTACT (Person who can best answer questions regarding the content of this 17. STATISTICAL METHODS submission) Does this information collection employ b. TELEPHONE NUMBER (Include statistical methods? a. NAME (Last, First, Middle Initial) area code) Garcia, Alexys A (202) 736-9216 X NO YES

OMB CONTROL NUMBER		TITLE		
	2 - 1	Biographical Questionnaire for U.S. Pas	ssport	
19. CERTIFICATION FOR PAPERWORK REDUCTION ACT SUBMISSIONS				
a.	a. PROGRAM OFFICIAL CERTIFICATION (Internal DoD Use Only)			
(1)	Signature			(2) Date
	On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9. NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. The certification is to be made with reference to those regulatory provisions as set forth in the instructions. The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:			
	(a) It is necessary for the proper performance of agency functions;			
	(b) It avoids unnecessary duplication;			
	(c) It reduces burden on small entities;			
	(d) It uses plain, coherent, and unambiguous language that is understandable to respondents;			
	(e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;			
	(f) It indicates the retention periods for recordkeeping requirements;			
	(g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3) about:			
	(i) Why the information is being collected;			
	(ii) Use of information;			
	(iii) Burden estimate;			
	(iv) Nature of response (voluntary, required for a benefit, or mandatory);			
	(v) Nature and extent of confidentiality; and			
	(vi) Need to display currently valid OMB control number;			
	 (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions); 			and effective ructions);
	(i) If applicable, it uses effe	ective and efficient statistical survey m	nethodology; and	
	(j) It makes appropriate use of information technology.			
	If you are unable to certify compliance with any of these provisions, identify the item below and explain the reas Item 18 of the Supporting Statement.			
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L OFFICIAL OF PERIONEE CERTIFICATION				
b. SENIOR OFFICIAL OR DESIGNEE CERTIFICATION (1) Signature (2) Date				
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