

<b>REPORT OF DOD PASSPORTS AND PASSPORT AGENT SERVICES</b> <i>(See DoD 1000.21-R for form completion instructions.)</i>	<b>REPORT CONTROL SYMBOL</b>
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<b>1. PERIOD OF REPORT</b>	
a. FROM <span style="float: right;">January 1,</span>	b. TO <span style="float: right;">December 31,</span>

<b>2. REPORTING ORGANIZATION</b>	
a. NAME AND COMPLETE MAILING ADDRESS <i>(Include Street Address, Post Office Box, Building Number, Room Number, and 9-digit ZIP Code)</i>	b. TELEPHONE NUMBERS <i>(Include Area Code)</i> (1) Commercial (2) DSN (3) FAX <i>(If applicable)</i>

<b>3. PASSPORT AGENTS CURRENTLY APPOINTED TO OFFICE/UNIT</b> <i>(Include grade, Agent Identification Code (AIC), and date of designation)</i>			
NAME <i>(Last, First, Middle Initial)</i> a.	GRADE b.	AIC c.	DATE OF DESIGNATION e.

<b>4. NUMBER OF DOD PASSPORT APPLICATIONS EXECUTED DURING PERIOD OF REPORT</b>			
a. NO-FEE REGULAR	b. OFFICIAL	c. DIPLOMATIC	d. REGULAR FEE <i>(Incidental to No-Fee)</i>

<b>5. REMARKS</b>
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<b>6. REPORTING OFFICIAL</b>				
a. NAME <i>(Last, First, Middle Initial)</i>	b. GRADE	c. POSITION TITLE		
d. SIGNATURE				e. DATE SUBMITTED