

eGov Screens

2 of 2

Modified to remove Form
references

7 – Applying for Tax Services

7.1 - Applying for a Mission or Personal Tax Exemption Card

The screenshot shows a Microsoft Internet Explorer browser window with the address bar displaying `http://ofmsntsorw1:7010/webster/app/selectForm.do?selectedForm=DS1972T`. The page header includes the U.S. Department of State logo and the text "U.S. Department of State Office of Foreign Missions". Below the header, a navigation bar indicates "Application for Tax Exemption Card | Page 1 of 2 | Instructions". The main content area contains two columns of radio button options: "Tax Card Type" with "Personal" and "Mission" options, and "Issue Type" with "Original", "Replacement", and "Renewal" options. At the bottom of the form are "Next >>" and "Cancel" buttons.

Figure 7.1-1 – Tax Exemption Card Screen 1

The screenshot shows a Microsoft Internet Explorer browser window with the address bar displaying `http://ofmsntsorw1:7010/eGov/app/taxCard1.do`. The page header includes the U.S. Department of State logo and the text "U.S. Department of State Office of Foreign Missions". Below the header, a navigation bar indicates "Application for Tax Exemption Card | Page 2 of 2 | Instructions". The main content area contains a form with the following fields: a dropdown menu for "Mission"; "Applicant" section with "I.D. Number", "Surname (as it appears on 'Msa, if applicable)", and "Given Name (as it appears on 'Msa, if applicable)" text boxes; "Date of Birth" section with "Month", "Day", and "Year" dropdown menus; and "Expected Departure Date" section with "Month", "Day", and "Year" dropdown menus. At the bottom of the form are "Back <<", "Next >>", and "Cancel" buttons.

Figure 7.1-2 – Tax Exemption Card Screen 2

OFM E-Gov: Application for Tax Exemption Card - Microsoft Internet Explorer provided by DS/OFM Systems

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print Mail

Address http://ofmsntsorw1:7010/eGov/app/taxCard2.do

Google bellaash Search PageRank 229 blocked ABC Check Look for Map AutoFill Option



U.S. Department of State Office of Foreign Missions

Application for Tax Exemption Card | [Confirmation Page](#) | [Instructions](#)

Please take a moment to confirm your entry. If it is correct, click the Submit button to send the form.

APPLICATION FOR SALES TAX CARD


DS1972T	Tax Card Type Personal	Issue Type Original
Mission EMBASSY OF NORWAY ANNEX 0 WASHINGTON, DC 20008		
I.D. Number 1234-5678	Name JONES, TOM	
Birth Date JAN 01/2000	Expected Date of Departure Unknown/Not Applicable	

Figure 7.1-3 – Confirmation Page for Tax Exemption Card (Personal)

OFM E-Gov: View Submission Receipt - Microsoft Internet Explorer provided by DS/OFM Systems

File Edit View Favorites Tools Help

Address <http://192.168.1.96:7010/eGov/app/viewReceipt.do?transID=5000002657>



U.S. Department of State Office of Foreign Missions

View Form #5000002657 | View All Forms | Main Menu | Logoff

Transaction ID **5000002657**
 Country **ATLANTIS**
 Status (Date) **SUBMITTED (09/26/2007)**
 Created By (Date) **TRAINAT8 (09/26/2007)**
 Modified Date

APPLICATION FOR SALES TAX CARD

DS1972T	Tax Card Type Personal	Issue Type Original
Mission EMBASSY OF ATLANTIS ANNEX 0 WASHINGTON, DC 20001		
I.D. Number 1234-0007	Name CLARCK, SARA	
Birth Date AUG/10/1970	Expected Date of Departure (Mo/Day/Yr) AUG/09/2009	

Please submit the following documents to accompany your application.

Document	Condition
Photographs (2), facial view, 1.5" x 1.5" <i>Do not staple on face</i>	Document must be submitted
Photograph and Signature Card	Document must be submitted
Student Justification	If applicant is a dependent student age 21-23

After submitting these documents to the OFM, check back with the OFM eGov system to view the status of your application.

Done Internet

Figure 7.1-4 – Submission Receipt for Tax Exemption Card (Personal)

7.2 - Applying for a Diplomatic Tax Exemption for Taxes on Utilities


OFM E-Gov: Application for Utility Tax Exemption - Microsoft Internet Explorer provided by DS/OFM Systems

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print Mail

Address <http://ofmsntsorw1:7010/eGov/app/selectForm.do?selectedForm=D598>

Google Search PageRank 228 blocked Check AutoLink AutoFill Options

 **U.S. Department of State**
Office of Foreign Missions

Application for Utility Tax Exemption | Page 1 of 2 | [Instructions](#)

* Mission
[Dropdown]

* Account Type
 Mission Personal

Applicant/Point of Contact

* I.D. Number * Surname (as it appears on 'Msa, if applicable) * Given Name (as it appears on 'Msa, if applicable)

Birth Date
* Month * Day * Year

Address (Enter Mission address if mission account)

* No * Street * St/Rd Quadrant Unit Type Unit No

* City * County * State * Zip Code

Next >> Cancel

Figure 7.2-1 – Exemption from Utilities Taxes Screen 1

OFM E-Gov: Application for Utility Tax Exemption - Microsoft Internet Explorer provided by DS/OFM Systems

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print Mail

Address <http://ofmsntsorw1:7010/eGov/app/utility1.do>

Google Search PageRank 228 blocked Check AutoLink AutoFill Options

 **U.S. Department of State**
Office of Foreign Missions

Application for Utility Tax Exemption | Page 2 of 2 | [Instructions](#)

* Utility Type
[Dropdown]

* Utility Company
If an applicant's utility vendor does not appear in this list, please send an e-mail to ofmtaxcustoms@state.gov to request that the vendor be added.

Select Utility Type [Dropdown]

* Account Number
[Text Box]

Back << Next >> Cancel

Figure 7.2-2 – Exemption from Utilities Taxes Screen 2

OFM E-Gov: Application for Utility Tax Exemption - Microsoft Internet Explorer provided by DS/OFM Systems

File Edit View Favorites Tools Help

Back Search Favorites Media

Address http://ofmsntsorw1:7010/eGov/app/utility2.do

Google Search PageRank 228 blocked Check Look for Map AutoFill Options



U.S. Department of State Office of Foreign Missions

Application for Utility Tax Exemption | Confirmation Page | Instructions

Please take a moment to confirm your entry. If it is correct, click the Submit button to send the form.

APPLICATION FOR UTILITY TAX EXEMPTION

DS98	I.D. Number 1234-5678	Account Type Personal
Mission EMBASSY OF BURUNDI ANNEX 0 WASHINGTON, DC 20007		
Name SMITH, JOHN Birth Date Jan/01/1980	Address 2 SAM VIEW ARLINGTON, VA 22201 County ARLINGTON	
Utility Type CABLE	Company Name ADELPHIA CABLE	Account Number 1234

Figure 7.2-3 – Confirmation Page for Tax Exemption from Utilities (Personal

OFM E-Gov: View Submission Receipt - Microsoft Internet Explorer provided by DS/OFM Systems

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media RSS Print Mail

Address http://ofmsntsorw1:7010/eGov/app/utilityConfirm.do

Google Search PageRank 228 blocked ABC Check Look for Map AutoFill Options



U.S. Department of State Office of Foreign Missions

View Form #5000001168 | View All Forms | Main Menu | Logoff

Transaction ID **5000001168**
 Country **BURUNDI**
 Status (Date) **SUBMITTED (11/28/2005)**
 Created By (Date) **MATAKACT (11/28/2005)**
 Modified Date

APPLICATION FOR UTILITY TAX EXEMPTION

DS98	I.D. Number 1234-5678	Account Type Personal
Mission EMBASSY OF BURUNDI ANNEX 0 WASHINGTON, DC 20007		
Name SMITH, JOHN Birth Date Jan/01/1980		Address 2 SAM VIEW ARLINGTON, VA 22201 County ARLINGTON
Utility Type CABLE	Company Name ADELPHIA CABLE	Account Number 1234

No supporting documents are required for this application.

Check back later with the OFM eGov system to view the status of your application.

Remarks

Done

start RealPlayer: KEXP L... G:\Systems\Projec... Calendar - Microso... Discuss Tax Apps I... EGOV User's Guide...

Figure 7.2-4 – Submission Receipt for Tax Exemption from Utilities (Personal)



U.S. Department of State

Office of Foreign Missions

View Form #5000046158 | View All Requested Services | Main Menu | Logoff

Transaction ID **5000046158**
 Country **CANADA**
 Status (Date) **ACCEPTED (08/07/2008)**
 Created By (Date) **RAMSAYWHITEB (08/06/2008)**
 Modified Date **08/08/2008**

UTILITY TAX EXEMPTION		I.D. Number 4011-1081	Account Type Personal
Mission EMBASSY OF CANADA ANNEX 0 WASHINGTON, DC 20001			
Name PELLERIN, ROBERT Birth Date Dec/24/1961		Address 7613 BRITTANY PARC COURT FALLS CHURCH, VA 22043 County FAIRFAX	
Utility Type TELEPHONE	Company Name COX COMMUNICATIONS	Account Number 001 0101 039815002	

No supporting documents are required for this application.

Check back later with the OFM eGov system to view the status of your application.

(Reference to form number removed)

7.3 – Applying for Exemption from Gasoline Taxes

OFM E-Gov: Application for Gasoline Tax Exemption - Microsoft Internet Explorer provided by DS/OFM Systems

Address: http://ofmsntsorw1:7010/eGov/app/selectForm.do?selectedForm=D599

U.S. Department of State
Office of Foreign Missions

Application for Gasoline Tax Exemption | Page 1 of 1 | Instructions

* Mission

* Account Type
 Mission Personal

Applicant/Point of Contact
 * I.D. Number * Surname (as it appears on Visa, if applicable) * Given Name (as it appears on Visa, if applicable)

Birth Date
 * Month * Day * Year

* Gasoline Company Name

Next >> Cancel

Figure 7.3-1 – Application for Gasoline Tax Exemption Screen 1

OFM E-Gov: Application for Gasoline Tax Exemption - Microsoft Internet Explorer provided by DS/OFM Systems

Address: http://ofmsntsorw1:7010/eGov/app/gas1.do

U.S. Department of State
Office of Foreign Missions

Application for Gasoline Tax Exemption | Confirmation Page | Instructions

Please take a moment to confirm your entry. If it is correct, click the Submit button to send the form.

APPLICATION FOR GASOLINE TAX EXEMPTION

DS99	I.D. Number 1234-5678	Account Type Mission
Mission EMBASSY OF SWEDEN ANNEX 0 WASHINGTON, DC 20005		
Name ROBERTS, TOM	Gasoline Company Name CHEVRON	
Birth Date Jan/01/1980		

Edit Form Submit Cancel

Figure 7.3-2 – Confirmation Page for Gasoline Tax Exemption (Mission)

OFM E-Gov: View Submission Receipt - Microsoft Internet Explorer provided by DS/OFM Systems

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print Mail

Address http://ofmntsow1:7010/eGov/app/gasConfirm.do

Google Search PageRank 228 blocked Check Look for Map AutoFill Options



U.S. Department of State Office of Foreign Missions

View Form #5000001171 | [View All Forms](#) | [Main Menu](#) | [Logout](#)

Transaction ID **5000001171**
 Country **SWEDEN**
 Status (Date) **SUBMITTED (11/28/2005)**
 Created By (Date) **MATAKACT (11/28/2005)**
 Modified Date

APPLICATION FOR GASOLINE TAX EXEMPTION

DS99	I.D. Number 1234-5678	Account Type Mission
Mission EMBASSY OF SWEDEN ANNEX 0 WASHINGTON, DC 20005		
Name ROBERTS, TOM Birth Date Jan/01/1980	Gasoline Company Name CHEVRON	

Please submit the following documents to accompany your application.

Document	Condition
Gasoline company business or fleet credit card application	Document must be submitted

After submitting these documents to the OFM, check back with the OFM eGov system to view the status of your application.

Remarks

Done

start RealPlayer: K... G:\Systems\P... Inbox - Micro... Web TOMIS a... Microsoft Outl... EGOV User's ...

Figure 7.3-3 – Submission Receipt for Gasoline Tax Exemption (Mission)



U.S. Department of State

Office of Foreign Missions

View Form #5000046163 | View All Requested Services | Main Menu | Logoff

Transaction ID **5000046163**
 Country **CANADA**
 Status (Date) **ACCEPTED (08/11/2008)**
 Created By (Date) **RAMSAYWHITEB (08/06/2008)**
 Modified Date **08/11/2008**

GASOLINE TAX EXEMPTION	I.D. Number 4011-1081	Account Type Personal
Mission EMBASSY OF CANADA ANNEX 0 WASHINGTON, DC 20001		
Name PELLERIN, ROBERT Birth Date Dec/24/1961	Gasoline Company Name EXXON/MOBIL	

Please submit the following documents to accompany your application.

Document	Condition
Gasoline company business or fleet credit card application	Document must be submitted

After submitting these documents to the OFM, check back with the OFM eGov system to view the status of your application.

(reference to form number removed)

- AND -

8.2 - Applying for Notification of Appointment for

8 – Applying for Protocol Services


8.1 - Applying for a Notification of Appointment of Foreign Diplomatic Officer, Career Consular Officer and Foreign Government Employee

OFM E-Gov: Notification of Appointment - Microsoft Internet Explorer provided by DS/OFM Systems

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Refresh Print Mail

Address <http://ofmsntsorw1:7010/webster/app/selectForm.do?selectedForm=D52003>

 **U.S. Department of State**
Office of Foreign Missions

Notification of Appointment | Page 1 of 11 | [Instructions](#)

* Mission

* Type of Officer

- Diplomatic Officer
- Career Consular Officer
- Administrative and Technical Staff
- Private Servant
- Service Staff

* Citizen Status

- U.S. Citizen
- Foreign National
- Permanent Resident Alien

Next >> Cancel

Figure 8.1-1 – Notification of Appointment Screen 1

OFM E-Gov: Notification of Appointment - Microsoft Internet Explorer provided by DS/OFM Systems

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Refresh Print Mail

Address <http://ofmsntsorw1:7010/eGov/app/appointment1.do>

 **U.S. Department of State**
Office of Foreign Missions

Notification of Appointment | Page 2 of 11 | [Instructions](#)

Full Name

* Surname (as it appears on Visa, if applicable)

* Given Name (as it appears on Visa, if applicable)

* Prefix or Rank

Suffix

* Name as you want it to appear on documents

Birth Date

* Month * Day * Year * Sex

Male Female

Place of Birth

* City

* Country

* Citizenship at Birth

I.D. Number (if previously assigned)

Back << Next >> Cancel

Figure 8.1-2 – Notification of Appointment Screen 2

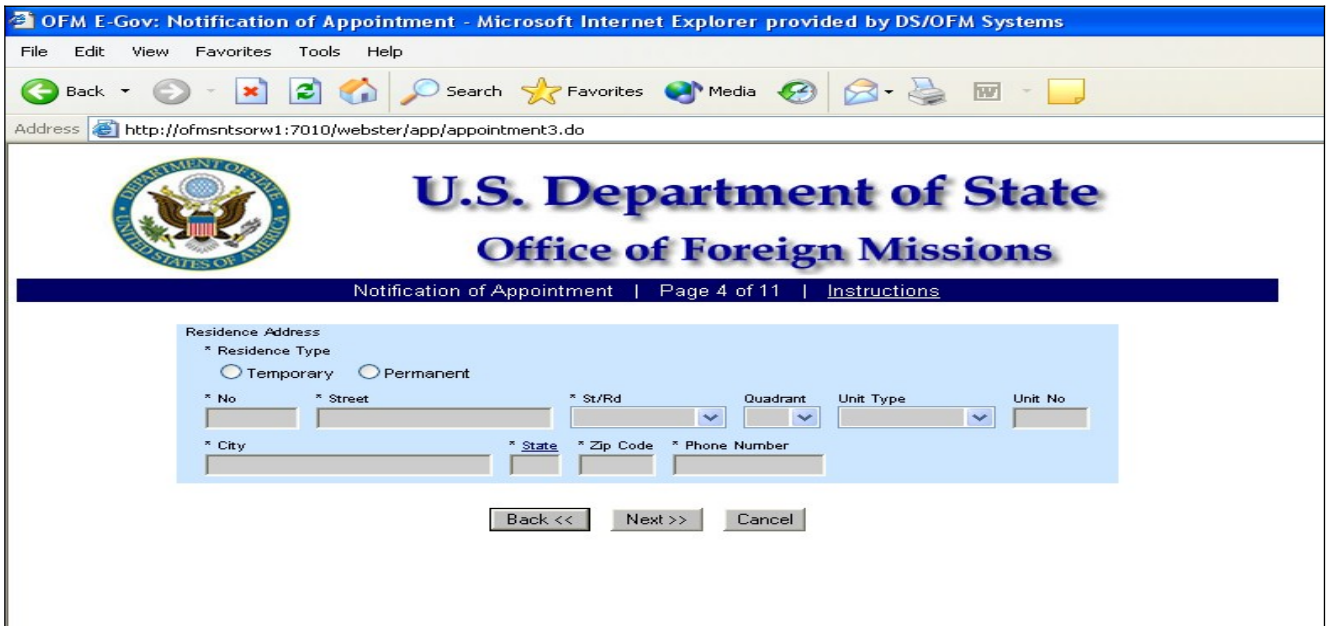


Figure 8.1-3 – Notification of Appointment Screen 4



Figure 8.1-4 – Notification of Appointment Screen 3

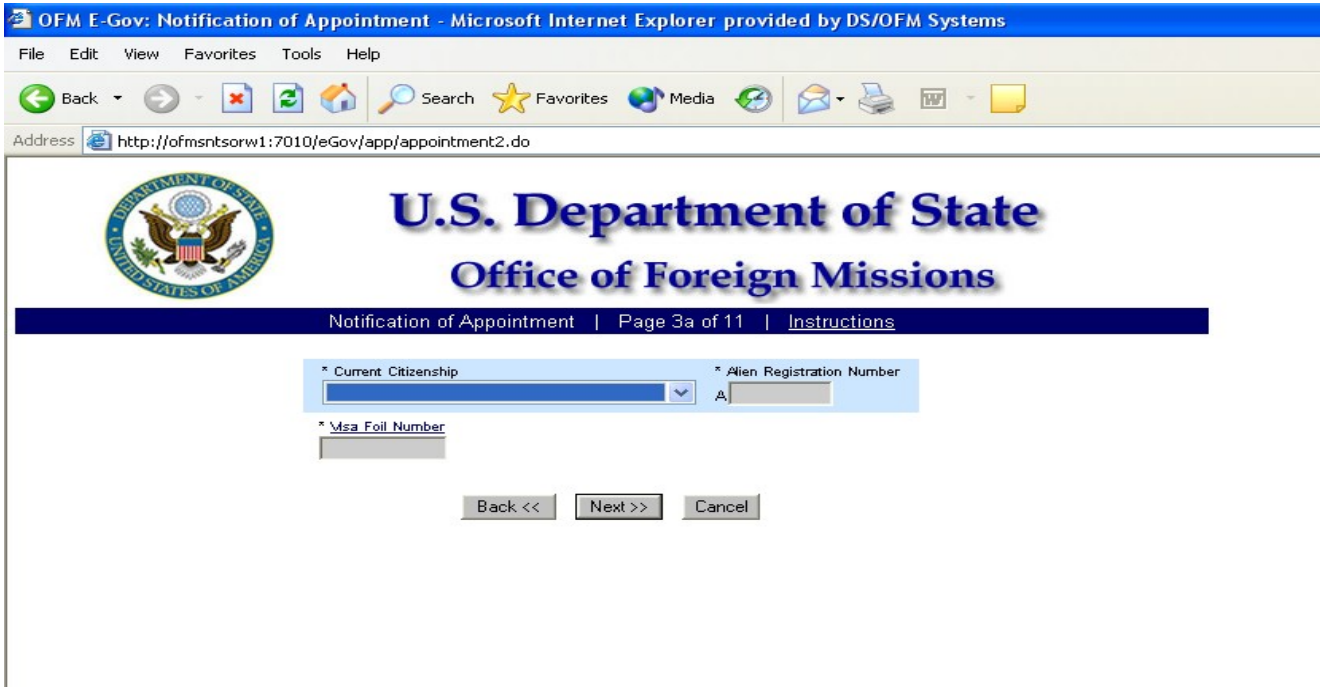


Figure 8.1-5 – Notification of Appointment Screen 3a



Figure 8.1-6 – Notification of Appointment Screen 3b

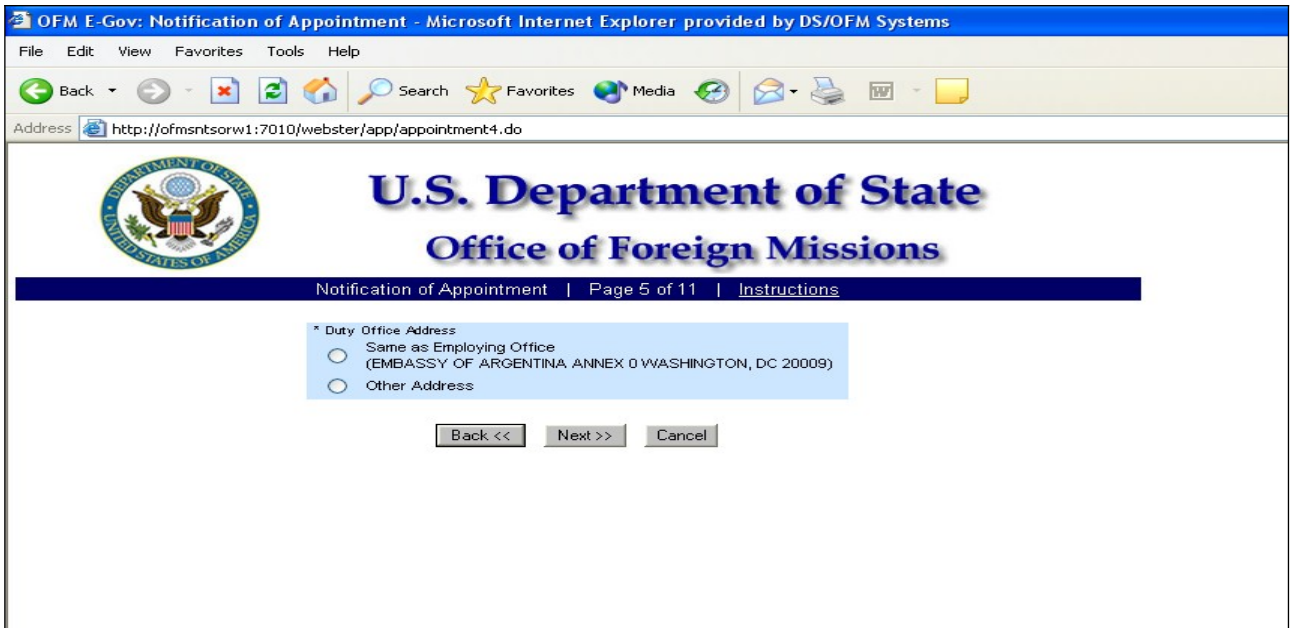


Figure 8.1-7 – Notification of Appointment Screen 5

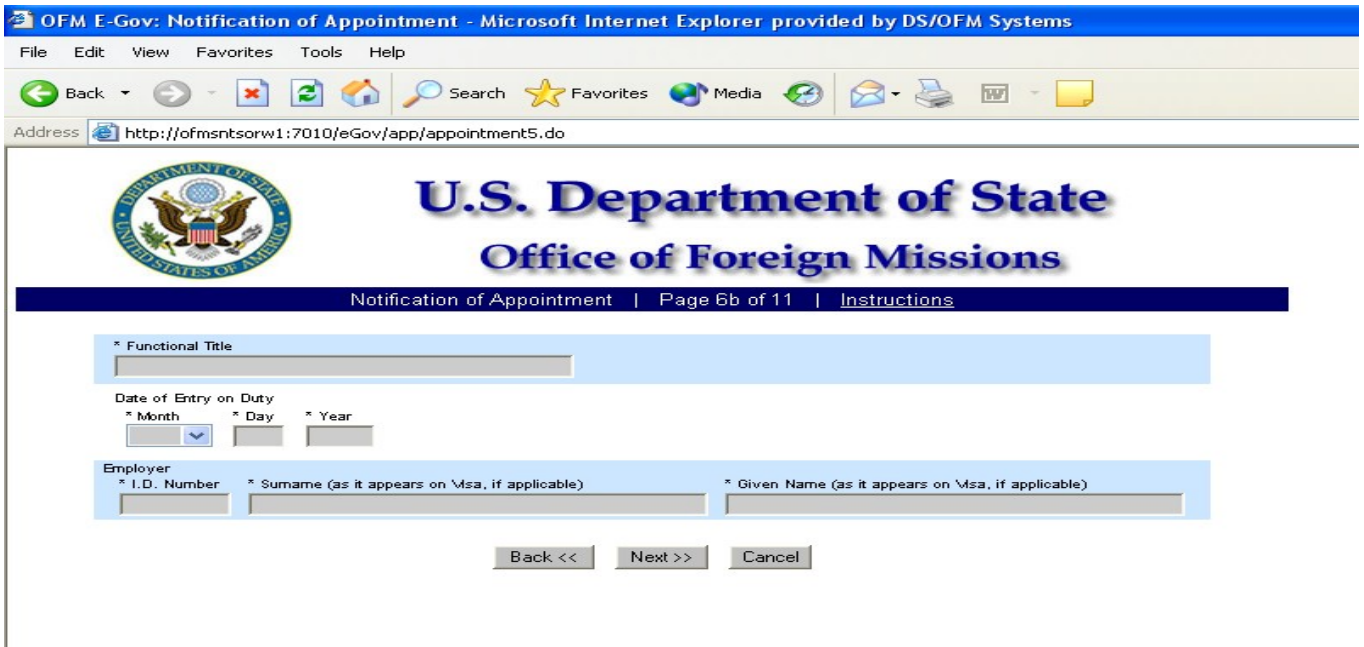


Figure 8.1-11 – Notification of Appointment Screen 6b



Figure 8.1-8 – Notification of Appointment Screen 5a



Figure 8.1-9 – Notification of Appointment Screen 6



Figure 8.1-10 – Notification of Appointment Screen 6a

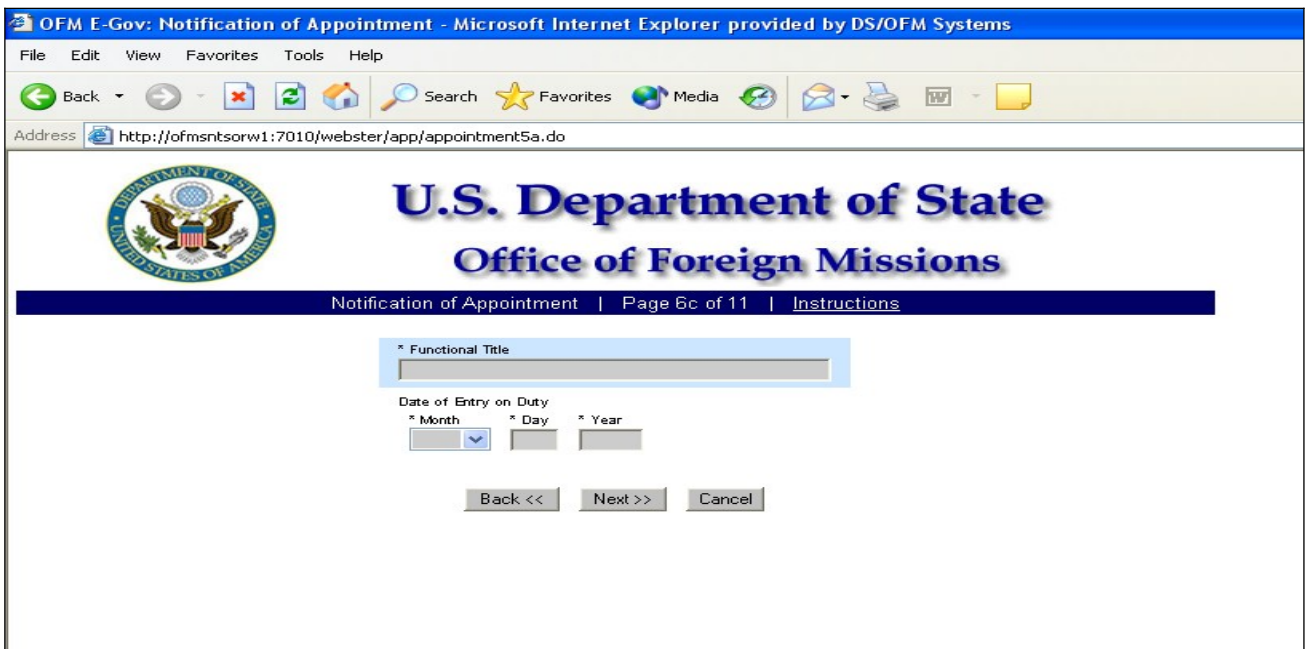


Figure 8.1-12 – Notification of Appointment Screen 6c



Figure 8.1-13 – Notification of Appointment Screen 7



Figure 8.1-14 – Notification of Appointment Screen 7a



Figure 8.1-15 – Notification of Appointment Screen 7b

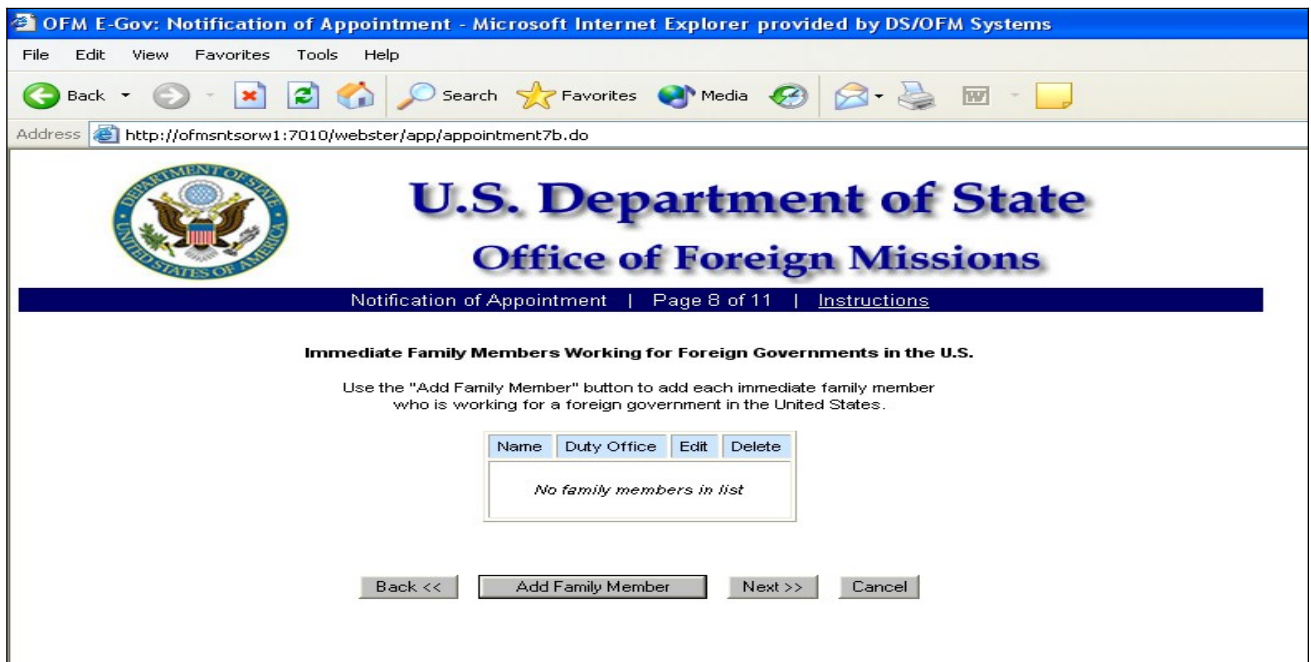


Figure 8.1-16 – Notification of Appointment Screen 8



Figure 8.1-17 – Notification of Appointment Screen 8a

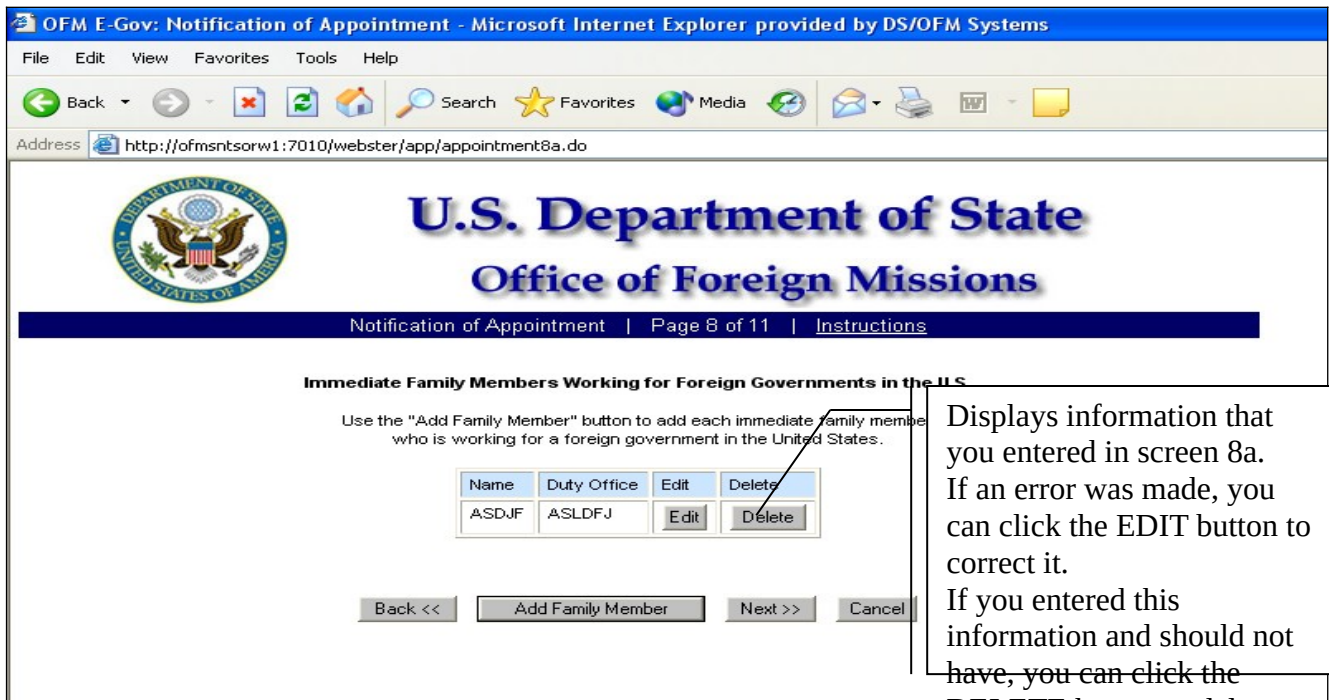


Figure 8.1-17a – Notification of Appointment Screen



Figure 8.1-18 – Notification of Appointment Screen 9



Figure 8.1-19a – Activities Screen Message



Figure 8.1-19 – Notification of Appointment Screen 9a

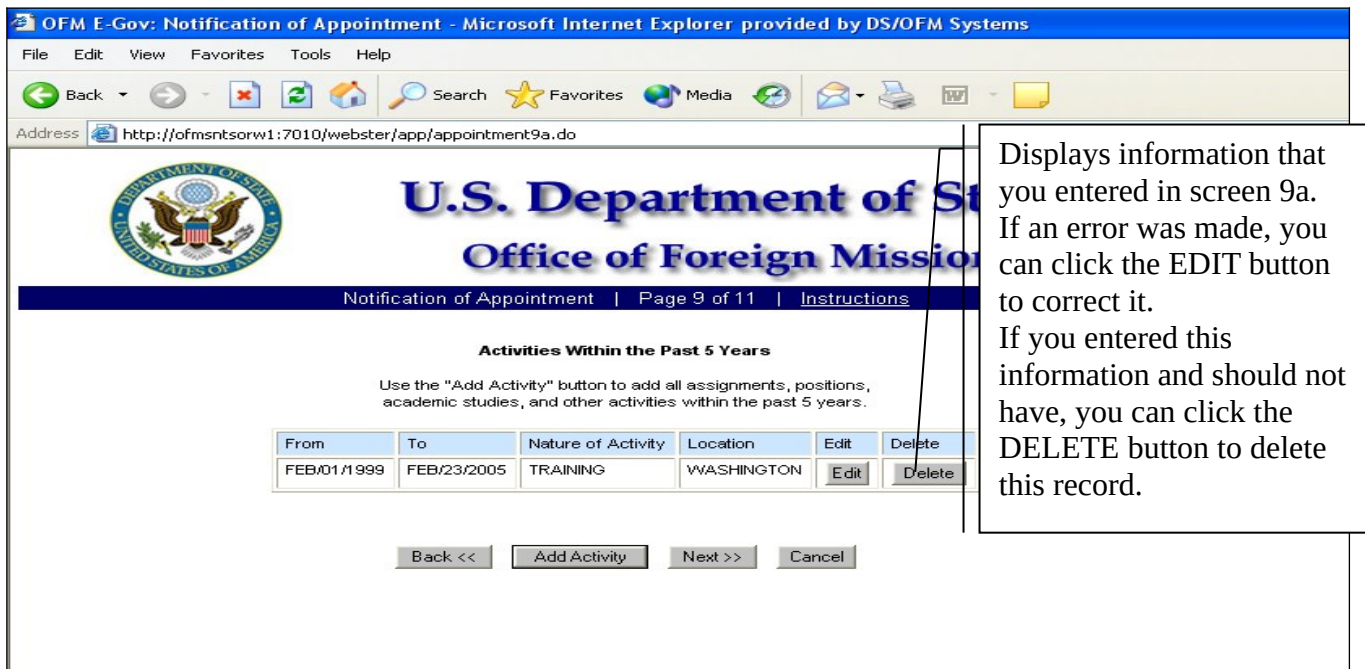


Figure 8.1-19b – Notification of Appointment Screen 9



Figure 8.1-20 – Notification of Appointment Screen 10



Figure 8.1-21 – Notification of Appointment Screen 10a

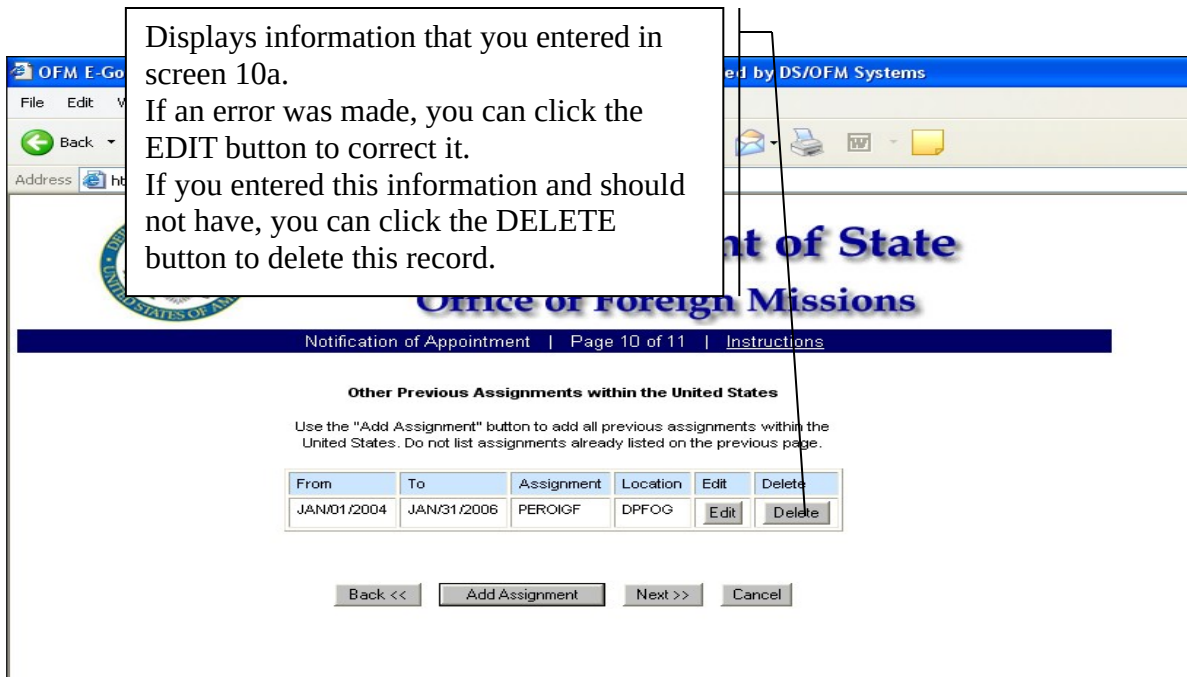


Figure 8.1-21a – Notification of Appointment Screen 10

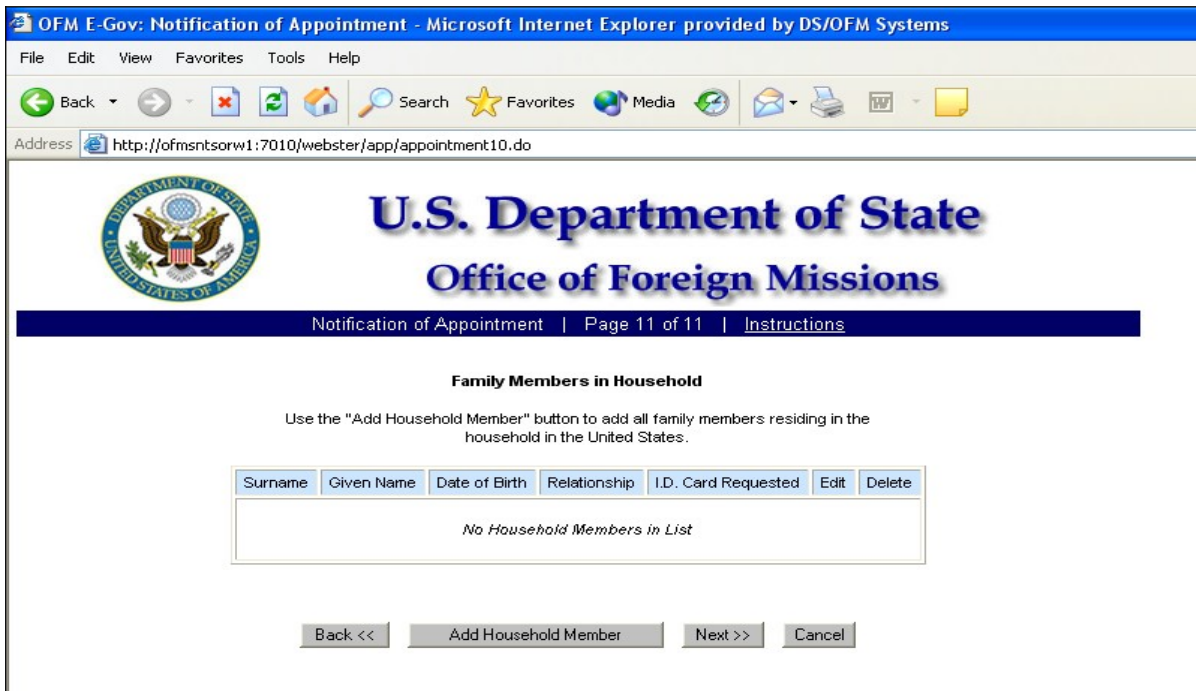


Figure 8.1-22 – Notification of Appointment Screen 11

OFM E-Gov: Notification of Appointment - Microsoft Internet Explorer provided by DS/OFM Systems

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites Media Print Mail TV

Address: http://ofmsntsorw1:7010/eGov/app/appointment11.do



U.S. Department of State Office of Foreign Missions

Notification of Appointment | Page 11a of 11 | [Instructions](#)

Please fill out details about the family member below.

Full Name

* Surname (as it appears on 'Msa, if applicable)

* Given Name (as it appears on 'Msa, if applicable)

* Prefix or Rank Suffix * Name as it will appear on documents

Birth Date

* Month * Day * Year * Sex Male Female * Current Citizenship

Place of Birth

* City * Country

* Relationship * 'Msa Type * Request Identification Cards for this Dependent Yes No

I.D. Number (if previously assigned)

Figure 8.1-23 – Notification of Appointment Screen 11a

OFM E-Gov: Notification of Appointment - Microsoft Internet Explorer provided by DS/OFM Systems

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites Media Print Mail TV

Address: http://ofmsntsorw1:7010/webster/app/appointment11a.do



U.S. Department of State Office of Foreign Missions

Notification of Appointment | Page 11 of 11 | [Instructions](#)

Family Members in Household

Use the "Add Household Member" button to add all family members residing in the household in the United States.

Surname	Given Name	Date of Birth	Relationship	I.D. Card Requested	Edit	Delete
SALDFJ	AWP9ERI	JAN04/1977	BROTHER-IN-LAW	Yes	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>

Displays information that you entered on screen 11a.

If an error was made, you can click the EDIT button to correct it. If you entered this information and should not have, you can click the DELETE button to delete this record.

Figure 8.1-23a – Notification of Appointment Screen 11a



U.S. Department of State

Office of Foreign Missions

View Form #5000044630 | View All Requested Services | Main Menu | Logoff

Transaction ID **5000044630**
 Country **CANADA**
 Status (Date) **ACCEPTED (07/31/2008)**
 Created By (Date) **OLIVEROSMD (07/23/2008)**
 Modified Date **07/31/2008**

APPOINTMENT (DIPLOMAT)		Previously Assigned I.D. Number (viewFormDS2003_content)	None/Unknown	
Mission EMBASSY OF CANADA ANNEX 0 WASHINGTON, DC 20001		Type of Officer Diplomatic Agent		
Full Name MR. DAVID HUTCHISON		Sex Male	Abbreviated Name HUTCHISON, DAVID	
Maiden Name				
Citizenship Status Foreign National		Birth Date SEP/01/1976		
Citizenship at Birth CANADA		Place of Birth EDMONTON, CANADA		
Citizenship CANADA	ID Cards Requested? Yes	Type of Passport DIPLOMATIC	Visa Type A-1	Visa Foil Number 91054211
If an ID card was requested, the ID card will not be issued until approved by Protocol.				
Last Arrival in U.S. Date JUL/14/2008		Manner of Entry AUTO PERSONAL	Port of Entry MASSENA, NY	
Residence Address 1391 PENNSYLVANIA AVENUE SE APARTMENT 533 WASHINGTON, DC 20003		Duty Office Address Same as Employing Office		
Job Title FIRST SECRETARY		Head of Post? No	Date of Entry on Duty JUL/14/2008	
Expected Date of Departure Unknown/Not Applicable		Other Official Capacity None		
Predecessor				
I.D. Number 4004-7246	Name ANDERSON, KELLY	Date of Termination (Mo/Day/Yr) JUL/31/2008	Job Title FIRST SECRETARY	
Immediate Family Member Employed by a Foreign Government				
I.D. Number	Name	Duty Office	Relationship	
None				


http://localhost:7001/eGov/app/viewReceipt.do?transID=5000044630

10/23/2008

**Figure 8.1-24 – Confirmation Page for Notification of Appointment (Diplomat)
(Reference to form number removed)**

OFM E-Gov: View Submission Receipt - Microsoft Internet Explorer provided by DS/OFM Systems

Address: http://ofmnsrsw1:7010/eGov/app/appointmentConfirm.do



U.S. Department of State Office of Foreign Missions

View Form # 500000907 | [View All Forms](#) | [Main Menu](#) | [Logout](#)

Transaction ID: **500000907**
 Status (Date): **SUBMITTED (06/14/2005)**
 Created By (Date): **HELMSWB (06/14/2005)**
 Modified Date:

NOTIFICATION OF APPOINTMENT (DIPLOMAT)

DS2003	Previously Assigned I.D. Number None
Mission EMBASSY OF BARBADOS ANNEX 0 WASHINGTON, DC 20008	Type of Officer Diplomatic Agent
Full Name MR. EDWARD WHITE	
Maiden Name	Sex: Male Abbreviated Name: WHITE
Citizenship Status Foreign National	Birth Date JAN/01/1945
Citizenship at Birth BARBADOS	Place of Birth PARIS, FRANCE
Citizenship BARBADOS	Type of Passport: DIPLOMATIC Visa Type: A-1 Visa Foil Number: 57290012

Document	Condition
I-566 Supporting Document	
Photocopy of I-94 (front and back)	
Family Status Justification Form	If appointee has dependent student(s) age 21-23
Photographs of Appointee (3), 2" x 2", color	If appointment to Ambassador
Photographs of Appointee (2), 2" x 2", color	If appointment other than Ambassador
Photograph (1) of Each Spouse and Dependent	If Identification Cards are requested
Marriage License	If spouse's surname does not match Appointee's surname OR If visa does not indicate Marital Arrangement
Adoption Papers	If dependent child's surname does not match Appointee's surname
Photograph and Signature Card	

After submitting these documents to the OFM, check back with the OFM eGov system to view the status of your application.

Remarks

No remarks on file

Add a remark

Figure 8.1-25 – Submission Receipt for Notification of Appointment (Diplomat)



U.S. Department of State

Office of Foreign Missions

View Form #5000044521 | View All Requested Services | Main Menu | Logoff

Transaction ID **5000044521**
 Country **CANADA**
 Status (Date) **ACCEPTED (07/31/2008)**
 Created By (Date) **RAMSAYWHITEB (07/22/2008)**
 Modified Date **07/31/2008**

APPOINTMENT (FG EMPLOYEE)		Previously Assigned I.D. Number (viewFormDS2003_content)	None/Unknown	
Mission EMBASSY OF CANADA ANNEX 0 WASHINGTON, DC 20001		Type of Officer Administrative and Technical Staff		
Full Name CORPORAL KEITH GORDON BEZANSON				
Maiden Name		Sex Male	Abbreviated Name BEZANSON, KEITH GORDON	
Citizenship Status Foreign National		Birth Date SEP/19/1958		
Citizenship at Birth CANADA		Place of Birth SYDNEY, CANADA		
Citizenship CANADA	ID Cards Requested? Yes	Type of Passport SPECIAL	Visa Type A-2	Visa Foil Number 91049754
<i>If an ID card was requested, the ID card will not be issued until approved by Protocol.</i>				
Last Arrival in U.S.				
Date JUL06/2008	Manner of Entry AUTO PERSONAL		Port of Entry BLAINE WASHINGTON	
Residence Address 1909 N NELSON STREET ARLINGTON, VA 22207 (703) 469-1817		Permanent	Duty Office Address Same as Employing Office	
Functional Title LOGISTICS COORDINATOR		Locally Engaged/Hired? No	Date of Entry on Duty JUL/16/2008	
Expected Date of Departure JUL/11/2011		Other Official Capacity None		
Predecessor				
I.D. Number 4006-2931	Name MCBEIGH, WILLIAM ROBERT	Date of Termination (Mo/Day/Yr) JUL/22/2008		Job Title LOGISTIC COORDINATOR
Immediate Family Member Employed by a Foreign Government				
I.D. Number	Name	Duty Office	Relationship	

(Reference to form number removed)

8.3 - Applying for Notification of Appointment for Honorary Consular Officer

OFM E-Gov: Notification of Appointment (Honorary Consular Officer) - Microsoft Internet Explorer provided by DS/OFM Systems

File Edit View Favorites Tools Help

U.S. Department of State
Office of Foreign Missions

Notification of Appointment (Honorary Consular Officer) | Page 1 of 6 | [Instructions](#)

* Mission

* Type of Officer

Consul General

Consul

Vice Consul

Consular Agent

Figure 8.3-1 – Appointment of Honorary Consular Officer Screen 1

OFM E-Gov: Notification of Appointment (Honorary Consular Officer) - Microsoft Internet Explorer provided by DS/OFM System

File Edit View Favorites Tools Help

Back Search Favorites Media

Address <http://ofmstsrw1:7010/eGov/app/honoraryConsul1.do>

U.S. Department of State
Office of Foreign Missions

Notification of Appointment (Honorary Consular Officer) | Page 2 of 6 | [Instructions](#)

Full Name

* Surname (as it appears on \Msa, if applicable)

* Given (as it appears on \Msa, if applicable)

* Prefix or Rank Suffix

* Name as it will appear on documents

Birth Date

* Month * Day * Year

* Sex Male Female

* Residence Status

United States Citizen

Permanent Resident Alien

Place of Birth

* City

* Country

* Citizenship at Birth

I.D. Number (if previously assigned)

Figure 8.3-2 - Appointment of Honorary Consular Officer Screen 2

OFM E-Gov: Notification of Appointment (Honorary Consular Officer) - Microsoft Internet Explorer provided by DS/OFM System

File Edit View Favorites Tools Help



U.S. Department of State Office of Foreign Missions

Notification of Appointment (Honorary Consular Officer) | Page 2a of 6 | [Instructions](#)

* Current Citizenship * Alien Registration Number

A)

Figure 8.3-3 - Appointment of Honorary Consular Officer Screen 2a

OFM E-Gov: Notification of Appointment (Honorary Consular Officer) - Microsoft Internet Explorer provided by DS/OFM System

File Edit View Favorites Tools Help



U.S. Department of State Office of Foreign Missions

Notification of Appointment (Honorary Consular Officer) | Page 3 of 6 | [Instructions](#)

Residence Address

* No	* Street	* St/Rd	Quadrant	Unit Type	Unit No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* City	* State	* Zip Code	* Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 8.3-4 - Appointment of Honorary Consular Officer Screen 3

OFM E-Gov: Notification of Appointment (Honorary Consular Officer) - Microsoft Internet Explorer provided by DS/OFM Systems

File Edit View Favorites Tools Help



U.S. Department of State Office of Foreign Missions

Notification of Appointment (Honorary Consular Officer) | Page 4 of 6 | [Instructions](#)

Date of Entry on Duty **Expected Date of Termination**

* Month * Day * Year * Month * Day * Year


* Head of Post? * Has applicant ever held a previous honorary consular position? * Is This a New Position?

Yes No Yes No Yes No

Figure 8.3-5 - Appointment of Honorary Consular Officer Screen 4

OFM E-Gov: Notification of Appointment (Honorary Consular Officer) - Microsoft Internet Explorer provided by DS/OFM System

File Edit View Favorites Tools Help



U.S. Department of State Office of Foreign Missions

Notification of Appointment (Honorary Consular Officer) | Page 4a of 6 | [Instructions](#)

You have indicated that you have held a previous Honorary Consular position.
Please provide details of the position below.

Date From **Date To**

* Month * Day * Year * Month * Day * Year

* Title

* Country

* Location


Figure 8.3-6 - Appointment of Honorary Consular Officer Screen 4a

OFM E-Gov: Notification of Appointment (Honorary Consular Officer) - Microsoft Internet Explorer provided by DS/OFM Systems

File Edit View Favorites Tools Help

Back Search Favorites Media

Address http://ofmstnsorw1:7010/eGov/app/honoraryConsul4.do



U.S. Department of State Office of Foreign Missions

Notification of Appointment (Honorary Consular Officer) | Page 4b of 6 | [Instructions](#)

Predecessor

* I.D. Number * Surname (as it appears on \Msa, if applicable) * Given Name (as it appears on \Msa, if applicable)

Date of Termination

* Month * Day * Year

* Predecessor's Job Title

Diplomatic Title

Functional Title

Back << Next >> Cancel

Figure 8.3-7 - Appointment of Honorary Consular Officer Screen 4b

OFM E-Gov: Notification of Appointment (Honorary Consular Officer) - Microsoft Internet Explorer provided by DS/OFM Systems

File Edit View Favorites Tools Help



U.S. Department of State Office of Foreign Missions

Notification of Appointment (Honorary Consular Officer) | Page 5 of 6 | [Instructions](#)

* Current Occupation or Position

Business Address

* Name of Office

* Address Line 1

Address Line 2

* City * State * Zip Code * Phone Number

Back << Next >> Cancel

Figure 8.3-8 - Appointment of Honorary Consular Officer Screen 5

OFM E-Gov: Notification of Appointment (Honorary Consular Officer) - Microsoft Internet Explorer provided by DS/OFM Systems

File Edit View Favorites Tools Help



U.S. Department of State Office of Foreign Missions

Notification of Appointment (Honorary Consular Officer) | Page 6 of 6 | [Instructions](#)

* Please answer each of the questions below.

Do you hold a position of profit or trust with the Federal Government? Yes No

Do you hold an office with a state, county, or municipal government in the United States? Yes No

Are you a retired member of the uniformed services of the United States (meaning the Armed Forces, the commissioned Regular and Reserve corps of the Public Health Service, or the commissioned corps of the National Oceanic and Atmospheric Administration)? Yes No

Are you a member of a reserve component of the armed forces of the United States (meaning the Army, Navy, Air Force, Marine Corps, or Coast Guard)? Yes No

Are you a member of the Commissioned Reserve Corps of the United States Public Health Service? Yes No

Figure 8.3-9 – Appointment of Honorary Consular Officer Screen 6

OFM E-Gov: Notification of Appointment (Honorary Consular Officer) - Microsoft Internet Explorer provided by DS/OFM Systems

File Edit View Favorites Tools Help



U.S. Department of State Office of Foreign Missions

Notification of Appointment (Honorary Consular Officer) | Page 6a of 6 | [Instructions](#)

You have indicated that you hold a position of profit or trust with the Federal Government. Please provide details of that position below.

* Branch of Government

* Position Held

* Description of Duties

Figure 8.3-10 - Appointment of Honorary Consular Officer Screen 6a

OFM E-Gov: Notification of Appointment (Honorary Consular Officer) - Microsoft Internet Explorer provided by DS/OFM Systems

File Edit View Favorites Tools Help



U.S. Department of State Office of Foreign Missions

Notification of Appointment (Honorary Consular Officer) | Page 6b of 6 | [Instructions](#)

You have indicated that you are a retired member of the uniformed services of the United States (meaning the Armed Forces, the commissioned Regular and Reserve corps of the Public Health Service, or the commissioned corps of the National Oceanic and Atmospheric Administration). Please provide details of your service below.

* Branch of Service

Figure 8.3-11 - Appointment of Honorary Consular Officer Screen 6b

OFM E-Gov: Notification of Appointment of Honorary Consular Officer - Microsoft Internet Explorer provided by DS/OFM

File Edit View Favorites Tools Help

Back Search Favorites Media

Address <http://ofmstnsorw1:7010/eGov/app/honoraryConsul6.do>

NOTIFICATION OF APPOINTMENT (HC)	
DS2005	Previously Assigned I.D. Number 1235-1245
Mission CONSULATE OF CANADA ANNEX 0 ATLANTA, GA 30361	Type of Officer Consul General
Full Name MR. ANTHONY WILLIAMS	Sex Male
Maiden Name	Abbreviated Name MAYOR ANTHONY WILLIAMS
Residence Status United States Citizen	Birth Date JAN/01/1950
Citizenship at Birth UNITED STATES	Place of Birth WASHINGTON, UNITED STATES
Residence Address 114 MAIN STREET NW WASHINGTON, DC 20001 (202) 555-1212	Date of Entry on Duty JAN/01/2005
Current Occupation or Position MAYOR	Expected Date of Termination JAN/20/2007
	Head of Post? No
	Business Address MAYOR'S OFFICE 1 JUDICIARY SQUARE NW WASHINGTON, DC 20001 (202) 555-1212
Is this a new position? Yes	
Has applicant ever held a previous honorary consular position? No	
Do you hold a position of profit or trust with the Federal Government? No	
Do you hold an office with a state, county, or municipal government in the United States? Yes	
Are you a retired member of the uniformed services of the United States (meaning the Armed Forces, the commissioned Regular and Reserve corps of the Public Health Service, or the commissioned corps of the National Oceanic and Atmospheric Administration)? No	
Are you a member of a reserve component of the armed forces of the United States (meaning the Army, Navy, Air Force, Marine Corps, or Coast Guard)? No	
Are you a member of the Commissioned Reserve Corps of the United States Public Health Service? No	


Figure 8.3-12 – Confirmation Page for Notification of Appointment (Honorary Consular Officer)

OFM E-Gov: View Submission Receipt - Microsoft Internet Explorer provided by DS/OFM Systems

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print Mail

Address http://ofmnsrsw17010/eGov/app/honoraryConsulConfirm.do



U.S. Department of State

Office of Foreign Missions

View Form # 600000937 | View All Forms | Main Menu | Logout

Transaction ID **500000937**
 Status (Date) **SUBMITTED (07/01/2005)**
 Created By (Date) **MATAKACT (07/01/2005)**
 Modified Date

NOTIFICATION OF APPOINTMENT (HC)

DS2005		Previously Assigned I.D. Number 1236-1245
Mission CONSULATE OF CANADA ANNEX @ ATLANTA, GA 30361		Type of Officer Consul General
Full Name MR. ANTHONY WILLIAMS		
Maiden Name	Sex Male	Abbreviated Name MAYOR ANTHONY WILLIAMS
Residence Status United States Citizen	Birth Date JAN01/1950	
Citizenship at Birth UNITED STATES	Place of Birth WASHINGTON, UNITED STATES	
Residence Address 111 MAIN STREET NW WASHINGTON, DC 20001 (202) 555-1212	Date of Entry on Duty JAN01/2005	Expected Date of Termination JAN20/2007
Current Occupation or Position MAYOR	Head of Post? No	
	Business Address MAYOR'S OFFICE 1 JUDICIARY SQUARE NW WASHINGTON, DC 20001 (202) 555-1212	
Is this a new position? Yes		

Done

start | G:\SystemsPr... | Microsoft... | eBay - prada... | OFM E-Gov: Vi... | Windows Medi...

Address http://ofmnsrsw17010/eGov/app/honoraryConsulConfirm.do

Has applicant ever held a previous honorary consular position?	No
Do you hold a position of profit or trust with the Federal Government?	No
Do you hold an office with a state, county, or municipal government in the United States?	Yes
Are you a retired member of the uniformed services of the United States (meaning the Armed Forces, the commissioned Regular and Reserve corps of the Public Health Service, or the commissioned corps of the National Oceanic and Atmospheric Administration)?	No
Are you a member of a reserve component of the armed forces of the United States (meaning the Army, Navy, Air Force, Marine Corps, or Coast Guard)?	No
Are you a member of the Commissioned Reserve Corps of the United States Public Health Service?	No

Please submit the following documents to accompany your application.

Document	Condition
Photograph (1), 2" x 2", color	
Curriculum Vitae	
OR	
List of all Assignments/Positions/Academic Studies within Past Ten Years	
Description of duties performed for state, county, or municipal government	
Letter from state, county, or municipality stating that your position is not incompatible with the duties of a foreign consular officer, and that they have no objection to your consular appointment	
Photograph and Signature Card	

After submitting these documents to the OFM, check back with the OFM eGov system to view the status of your application.

Remarks

No remarks on file

Add a remark

Done

start | G:\SystemsPr... | Microsoft... | eBay - prada... | OFM E-Gov: Vi... | Windows Medi...

Figure 8.3-13 – Submission Receipt for Notification of Appointment (Honorary Consular Officer)

8.4 - Applying for Notification of Termination of Diplomatic, Consular, or Foreign Government Employment

U.S. Department of State
Office of Foreign Missions

Notification of Termination | Page 1 of 1 | [Instructions](#)

* Mission

Full Name
 * I.D. Number * Surname (as it appears on Visa, if applicable) * Given Name (as it appears on Visa, if applicable)

Date of Birth
 * Month * Day * Year

* Position to Terminate
 Job Title

Functional Title

Termination Date
 * Month * Day * Year Destination or New Address

Figure 8.4-1 – Notification of Termination Screen 1

OFM E-Gov: Notification of Termination - Microsoft Internet Explorer provided by DS/OFM Systems

File Edit View Favorites Tools Help

Back Search Favorites Media

Address: http://ofmsntsorw1:7010/eGov/app/termination1.do

U.S. Department of State
Office of Foreign Missions

Notification of Termination | [Confirmation Page](#) | [Instructions](#)

Please take a moment to confirm your entry. If it is correct, click the Submit button to send the form.

NOTIFICATION OF TERMINATION		
DS2008	Mission CONSULATE OF CANADA ANNEX 0 ATLANTA, GA 30361	
I.D. Number 4005-8199	Subject Name DELAROSE, DELAROSE, NICOLE	Birth Date JAN/01/1975
Job Title NO DIPLOMATIC TITLE	Functional Title BARTENDER	
Termination Date (Mo/Day/Yr) MAY/05/2005	Destination or New Address Unknown/Not Applicable	

Figure 8.4-2 – Confirmation Page for Notification of Termination

OFM E-Gov: View Submission Receipt - Microsoft Internet Explorer provided by DS/OFM Systems

File Edit View Favorites Tools Help

Back Search Favorites Media

Address http://ofmsntsorw1:7010/eGov/app/viewReceipt.do?transID=500000574



U.S. Department of State

Office of Foreign Missions

View Form # 5000000574 | [View All Forms](#) | [Main Menu](#) | [Logoff](#)

Transaction ID **5000000574**
 Status (Date) **PROGRAM OFFICER REVIEW (12/06/2004)**
 Created By (Date) **WEBSTER (12/06/2004)**
 Modified Date **06/10/2005**

NOTIFICATION OF TERMINATION

DS2008	Mission EMBASSY OF CANADA ANNEX 0 WASHINGTON, DC 20001	
I.D. Number 4005-1605	Subject Name LEGGET, NICOLETTE	Birth Date JUN/24/1952
Job Title CLERK	Functional Title	
Termination Date (Mo/Day/Yr) DEC/06/2004	Destination or New Address BACK HOME TO CANADA	

Please submit the following documents to accompany your application.

Document	Condition
Surrendered Documents	

After submitting these documents to the OFM, check back with the OFM eGov system to view the status of your application.

Remarks

Done

start G:\Systems\Pr... 2 Microsoft eBay - prada r... OFM E-Gov: Vi... Windows Medi... EGOV Us

Figure 8.4-3 – Submission Receipt for Notification of Termination



U.S. Department of State

Office of Foreign Missions

[View Form #5000043451](#) |
 [View All Requested Services](#) |
 [Main Menu](#) |
 [Logoff](#)

Transaction ID **5000043451**
 Country **CANADA**
 Status (Date) **SUBMITTED (07/14/2008)**
 Created By (Date) **OLIVEROSMD (07/14/2008)**
 Modified Date **07/14/2008**

NOTIFICATION OF TERMINATION		Mission (eGov/srclapp/DS2008/viewFormDS2008_content.jsp) EMBASSY OF CANADA ANNEX 0 WASHINGTON, DC 20001
I.D. Number 3091-S054	Subject Name VOKEY, PAMELA	Birth Date MAY/10/1953
Job Title ATTACHE	Functional Title	
Termination Date (Mo/Day/Yr) JUL/14/2008	Destination or New Address KABUL	

Please submit the following documents to accompany your application. (eGov/srclapp/DS2008/ds2008Receipt.jsp)

Document	Condition
Surrendered Documents	Document must be submitted

After submitting these documents to the OFM, check back with the OFM eGov system to view the status of your application.

(Reference to form number removed)



U.S. Department of State

Office of Foreign Missions

View Form #5000044340 | View All Requested Services | Main Menu | Logoff

Transaction ID **5000044340**
 Country **CANADA**
 Status (Date) **ACCEPTED (08/13/2008)**
 Created By (Date) **OLIVEROSMD (07/21/2008)**
 Modified Date **08/13/2008**

NOTIFICATION OF CHANGE (ID CARD)

NOTIFICATION OF CHANGE (ID CARD)		Change Type	Change of Residence Address		
Mission					
EMBASSY OF CANADA ANNEX 0 WASHINGTON, DC 20001					
I.D. Number	Name	Birth Date	Visa Type		
4008-0593	SOUTHEY, SALLY	Jan/25/1955	A-1		
Duty Office Address		Job Title			
WASHINGTON, DC 20001		MINISTER-COUNSELOR			
New Residence Address					
Street Address	City	State	Zip code	Phone	
3712 WINDOM PLACE NW	WASHINGTON	DC	20016	(000) 000-0000	

Document	Condition
No supporting documents are required for this application.	

Check back later with the OFM eGov system to view the status of your application.

(Reference to form number removed)

9 - Viewing Your Submitted Forms



U.S. Department of State Office of Foreign Missions

[View Submitted Forms](#) | [Main Menu](#) | [Logout](#)

Trans ID	Form	Subject	Status	Status Date	Created By	Created Date	Remark
5000000770	DS1972D	DIPLOMAT	SUBMITTED	04/27/05	BALBOAR	04/27/05	X
5000000769	DS2004	BISCONTI	SUBMITTED	04/22/05	BALBOAR	04/22/05	
5000000768	DS2003	DI FRANCO	SUBMITTED	04/22/05	BALBOAR	04/22/05	
5000000767	DS2003	GIACIMO	SUBMITTED	04/22/05	BALBOAR	04/22/05	
5000000559	DS2003		ACCEPTED	11/30/04	WEBSTER	11/30/04	
5000000485	DS2008		REJECTED	09/27/04	DIMARZIOE	09/27/04	X
5000000481	DS99		SUBMITTED	09/21/04	DIMARZIOE	09/21/04	
5000000480	DS99		SUBMITTED	09/21/04	DIMARZIOE	09/21/04	
5000000479	DS99		SUBMITTED	09/21/04	DIMARZIOE	09/21/04	
5000000477	DS101		ACCEPTED	09/16/04	DIMARZIOE	09/16/04	X
5000000475	DS100		ACCEPTED	09/16/04	DIMARZIOE	09/16/04	X
5000000469	DS101		ACCEPTED	09/15/04	DIMARZIOE	09/15/04	X
5000000454	DS101		ACCEPTED	09/13/04	DIMARZIOE	09/13/04	X
5000000314	DS2003		REJECTED	08/13/04	DIMARZIOE	08/13/04	X
5000000311	DS1972T		SUBMITTED	08/13/04	DIMARZIOE	08/13/04	

Click the Transaction ID to view the submitted form . (See **Figure 9-2 – Submission Form**)

An “X” indicates that a Remark has been made.

Displays current status of submitted applications.

Displays Form Number of submitted application

Records 1 - 15 of 20
1 2 ▶

Figure 9-1 – View Submitted Forms

Displays the applicant’s Surname. For Mission Tax card and Mission Vehicles, Code is inserted, where first two characters are country, next character is mission type, then city-state code, and then annex number. For instance, IT-E-DCDC-0, is the Italian Embassy, Washington, DC, Annex 0.



U.S. Department of State

Office of Foreign Missions

View Form #500000770 | [View All Forms](#) | [Main Menu](#) | [Logout](#)

Transaction ID: 500000770
 Status (Date): SUBMITTED (04/27/2005)
 Created By (Date): BALBOAR (04/27/2005)
 Modified Date:

DS1972D		License Type Driver License	Issue Type Original
Mission EMBASSY OF ITALY ANNEX # WASHINGTON, DC 20063			
ID. Number 4234-5678	Name DIPLOMAT, FOREIGN		
Address 2950 JOHN MARSHALL DRIVE ARLINGTON, VA 22207	Birth Date JAN 23 1972	Height 5' 10"	Weight (lbs) 180
Vehicle Class			Regular
Do you wear corrective lenses for driving?			no
Do you have any physical disability, other than vision, which may affect your driving?			no
Do you possess a valid non-U.S. driver license?			no
Do you possess a valid U.S. driver license?			no
Has your U.S. license or privilege to operate a motor vehicle been suspended, revoked, cancelled, or refused by any state or by any jurisdiction within the United States?			no

Please submit the following documents to accompany your application.

Document	Condition
Photographs (2), facial view, 1.5" x 1.5"	
Driver License Test Form filled out at a local DMV	
Photograph and Signature Card	

After submitting these documents to the OFM, check back with this application in a couple of days to view the status of your application.

Remarks

LICENSE TESTS REQUIRED: VISION, WRITTEN, ROAD
 JUSTIFICATION: NO PREVIOUS LICENSE

Add a remark


Add Remark

User can add remarks to application by typing a remark and then clicking the "Add Remark" button

Figure 9-2 – Submission Form

10 – Resubmit Returned Forms

Forms requiring correction are placed in a “Returned To Mission Status”. These Forms can be corrected and re-submitted to OFM without re-creating the form. In this example, Transaction 5000000772 has been returned to the mission for correction.



U.S. Department of State
Office of Foreign Missions

[View Submitted Forms](#) | [Main Menu](#) | [Logoff](#)

Trans ID ▼	Form	Subject	Status	Status Date	Created By	Created Date	Remark
5000000772	DS100	IT-E-DCDC-0	RETURNED TO MISSION	05/02/05	BALBOAR	05/02/05	X
5000000770	DS1972D	DIPLOMAT	SUBMITTED	04/27/05	BALBOAR	04/27/05	X
5000000769	DS2004	BISCONTI	SUBMITTED	04/22/05	BALBOAR	04/22/05	
5000000768	DS2003	DI FRANCO	SUBMITTED	04/22/05	BALBOAR	04/22/05	
5000000767	DS2003	GIACIMO	SUBMITTED	04/22/05	BALBOAR	04/22/05	
5000000559	DS2003		ACCEPTED	11/30/04	WEBSTER	11/30/04	
5000000485	DS2008		REJECTED	09/27/04	DIMARZIOE	09/27/04	X
5000000481	DS99		SUBMITTED	09/21/04	DIMARZIOE	09/21/04	
5000000480	DS99		SUBMITTED	09/21/04	DIMARZIOE	09/21/04	
5000000479	DS99		SUBMITTED	09/21/04	DIMARZIOE	09/21/04	
5000000477	DS101		ACCEPTED	09/16/04	DIMARZIOE	09/16/04	X
5000000475	DS100		ACCEPTED	09/16/04	DIMARZIOE	09/16/04	X
5000000469	DS101		ACCEPTED	09/15/04	DIMARZIOE	09/15/04	X
5000000454	DS101		ACCEPTED	09/13/04	DIMARZIOE	09/13/04	X
5000000314	DS2003		REJECTED	08/13/04	DIMARZIOE	08/13/04	X

Records 1 - 15 of 21

1 2 ▶

Figure 10-1 – Submitted Applications



U.S. Department of State

Office of Foreign Missions

[View Form #500000772](#) | [View All Forms](#) | [Main Menu](#) | [Logout](#)

Transaction ID: 500000772
 Status (Date): RETURNED TO MISSION (05/02/2005)
 Created By (Date): BALBOAR (05/02/2005)
 Modified Date:

[Edit Form](#)

Vehicle Registration

Mission	EMBASSY OF ITALY ANNEX 0 WASHINGTON, DC 20008
Registration Type	Mission Vehicle
Address Where Vehicle Is Principally Garaged	2950 JOHN MARSHALL DRIVE ARLINGTON, VA 22207
Vehicle Identification Number	1212345654564654654456
Vehicle Make	FORD
Vehicle Model	TAURUS
Vehicle Body	4D
Vehicle Model Year	1995
Vehicle Weight (lbs)	3000
Vehicle Odometer (mi)	120000
Vehicle Color	WHITE
Ownership Type	Owned
Insurance Company Name	USAA
Insurance Company Address	123 MAH STREET DALLAS, TX 23054
Insurance Phone Number	(202) 895-3529
Broker/Agent Name	USAA
Broker/Agent Address	123 MAH STREET DALLAS, TX 12345
Broker/Agent Phone Number	(202) 895-3529
Binder or Policy Number	123
Policy Beginning Date (Mo/Day/Yr)	JAN/01/2005
Policy Ending Date (Mo/Day/Yr)	DEC/31/2005
Insurance Coverage Type	Combined Single Limit
Personal Injury and Property Damage Per Accident	\$3,000,000.00

User initiates corrections by pressing the "Edit Form" Button

Please submit the following documents to accompany your application.

Document	Condition
Certificate of Origin or Title	
Photocopy of Insurance Binder Sheet OR Photocopy of Insurance Declaration Page	
Odometer Statement	If Vehicle is New

After submitting these documents to the OFM, check back with the OFM eGov system to view the status of your application.

Remarks

INCORRECT POLICY NUMBER

Add a remark

[Add Remark](#)

Figure 10-2 – Application in “Returned to Mission” Status

In this Scenario, the Insurance Policy Number was incorrect. The application will walk the user through the application again and allow corrections to be made.



U.S. Department of State Office of Foreign Missions

Vehicle Registration | Page 1 of 4 | [Instructions](#)

* Mission

* Registration Type
 Mission Vehicle
 Personal Vehicle

Figure 10-3 – Page 1 Mission of Registration



U.S. Department of State Office of Foreign Missions

Vehicle Registration | Page 1a of 4 | [Instructions](#)

Principal Driver
 I.D. Number Surname (as it appears on 'Msa, if applicable) Given Name (as it appears on 'Msa, if applicable)
 Date of Birth
 Month Day Year

Principal User
 I.D. Number Surname (as it appears on 'Msa, if applicable) Given Name (as it appears on 'Msa, if applicable)
 Date of Birth
 Month Day Year

Figure 10-4 – Page 1a Driver Information



U.S. Department of State Office of Foreign Missions

Vehicle Registration | Page 1b of 4 | [Instructions](#)

Address Where Vehicle is Principally Garaged

* No	* Street	* St/Rd	Quadrant	Unit Type	Unit No
<input type="text" value="2950"/>	<input type="text" value="JOHN MARSHALL"/>	<input type="text" value="DRIVE"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* City	* State	* Zip Code			
<input type="text" value="ARLINGTON"/>	<input type="text" value="VA"/>	<input type="text" value="22207"/>			

Figure 10-5 – Page 1b Garage Address of Vehicle



U.S. Department of State Office of Foreign Missions

Vehicle Registration | Page 2 of 4 | [Instructions](#)

* Vehicle Identification Number 1212345654564654654456		* Make FORD	* Model TAURUS	* Ownership Type <input type="radio"/> Lien <input type="radio"/> Lease <input checked="" type="radio"/> Owned
* Body 4D	* Year 1995	Weight (lbs) 8000	* Odometer (mi) 120000	* Color WHITE

Back << Next >> Cancel

Figure 10-6 – Page 2 Vehicle Information



U.S. Department of State Office of Foreign Missions

Vehicle Registration | Page 3 of 4 | [Instructions](#)

Insurance Carrier		
* Company Name USAA	Quadrant ▼	
* Address Line 1 123 MAIN STREET		
Address Line 2		
* City DALLAS	* State TX	* Zip Code 23054
* Phone Number (202) 895-3529		

Back << Next >> Cancel

Figure 10-7 – Page 3 Insurance Company Information



U.S. Department of State Office of Foreign Missions

Vehicle Registration | Page 3a of 4 | [Instructions](#)

Insurance Broker/Agent		
* Broker/Agent Name USAA	Quadrant ▼	
* Address Line 1 123 MAIN STREET		
Address Line 2		
* City DALLAS	* State TX	* Zip Code 12345
* Phone Number (202) 895-3529		

Back << Next >> Cancel

Figure 10-8 – Page 3a Insurance Broker Information



U.S. Department of State Office of Foreign Missions

Vehicle Registration | Page 4 of 4 | [Instructions](#)

Insurance Policy

Beginning Date Expiration Date

* Binder or Policy Number * Month * Day * Year * Month * Day * Year

123458-98-A JAN 1 2005 DEC 31 2005

* Insurance Coverage Type

P/A/P

Personal Injury Per Person Personal Injury Per Accident Personal Damage Per Accident

\$ \$ \$

Combined Single Limit

Personal Injury and Property Damage Per Accident

\$3000000.00

Back << Next >> Cancel

User makes corrections. Presses the "Next>>" button.

Figure 10-9 – Page 4 Insurance Policy Information



U.S. Department of State Office of Foreign Missions

Vehicle Registration | Confirmation Page | [Instructions](#)

Please take a moment to confirm your entry. If it is correct, click the Submit button to send the form.

Vehicle Registration

Mission	EMBASSY OF ITALY ANIEX 0 WASHINGTON, DC 20008
Registration Type	Mission Vehicle
Address Where Vehicle Is Principally Garaged	2950 JOHN MARSHALL DRIVE ARLINGTON, VA 22207
Vehicle Identification Number	1212345654564654654456
Vehicle Make	FORD
Vehicle Model	TAURUS
Vehicle Body	4D
Vehicle Model Year	1995
Vehicle Weight (lbs)	8000
Vehicle Odometer (mi)	120000
Vehicle Color	WHITE
Ownership Type	Owned
Insurance Company Name	USAA
Insurance Company Address	123 MAIN STREET DALLAS, TX 23054 (202) 895-3529
Insurance Phone Number	(202) 895-3529
Broker/Agent Name	USAA
Broker/Agent Address	123 MAIN STREET DALLAS, TX 12345 (202) 895-3529
Broker/Agent Phone Number	(202) 895-3529
Binder or Policy Number	123458-98-A
Policy Beginning Date (Mo/Day/Yr)	JAN/01/2005
Policy Ending Date (Mo/Day/Yr)	DEC/31/2005
Insurance Coverage Type	Combined Single Limit
Personal Injury and Property Damage Per Accident	\$3,000,000.00

User reviews form for accuracy. If accurate, click the "Submit" button.

Edit Form Submit Cancel

Figure 10-10 – Confirmation Page



U.S. Department of State

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View Form # 500000772 | View All Forms | Main Menu | Logout

Transaction ID: **500000772**
 Status (Date): **RESUBMITTED (05/02/2005)**
 Created By (Date): **BALBOAR (05/02/2005)**
 Modified Date:

Vehicle Registration

Mission	EMBASSY OF ITALY AMEX # WASHINGTON, DC 20008
Registration Type	Mission Vehicle
Address Where Vehicle Is Principally Garaged	2950 JOHN MARSHALL DRIVE ARLINGTON, VA 22207
Vehicle Identification Number	12123456456456456456
Vehicle Make	FORD
Vehicle Model	TAURUS
Vehicle Body	4D
Vehicle Model Year	1995
Vehicle Weight (lbs)	8000
Vehicle Odometer (mi)	120000
Vehicle Color	WHITE
Ownership Type	Owned
Insurance Company Name	USAA
Insurance Company Address	173 MARI STREET DALLAS, TX 75054 (202) 895-3529
Insurance Phone Number	(202) 895-3529
Broker/Agent Name	USAA
Broker/Agent Address	173 MARI STREET DALLAS, TX 75054 (202) 895-3529
Broker/Agent Phone Number	(202) 895-3529
Binder or Policy Number	123456-98-A
Policy Beginning Date (Mo/Day/Yr)	JAN/01/2005
Policy Ending Date (Mo/Day/Yr)	DEC/31/2005
Insurance Coverage Type	Combined Single Limit
Personal Injury and Property Damage Per Accident	\$3,000,000.00

Please submit the following documents to accompany your application.

Document	Condition
Certificate of Origin or Title	
Photocopy of Insurance Binder Sheet OR	
Photocopy of Insurance Declaration Page	
Odometer Statement	If Vehicle is New

After submitting these documents to the OFM, check back with the OFM eGov system to view the status of your application.

Remarks

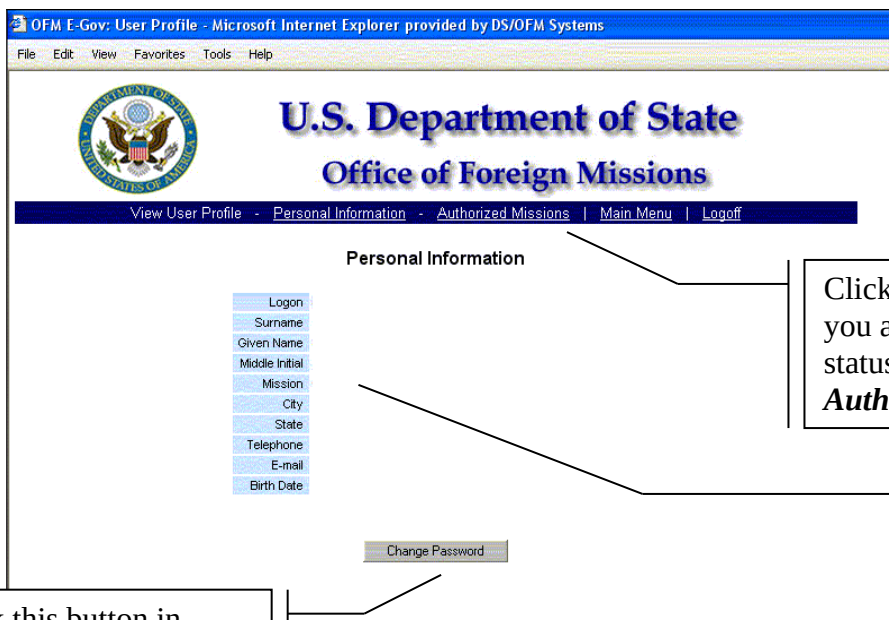
INCORRECT POLICY NUMBER

Add a remark

Add Remark

Figure 10-11 – Re-submitted Form

11 - View Your User Profile



Click this link to see all Missions that you are authorized to submit/view status for. **(See Figure 11-3 – Authorized Missions.)**


This area will be populated with your personal information.

It is intentionally left blank here.

(See Figure 11-1 – Personal Information.)

Click this button in order to change your password. **(See Figure 11-2 – Change Password.)**

Figure 11-1 – View Your User Profile



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[View User Profile](#) - [Personal Information](#) - [Authorized Missions](#) | [Main Menu](#) | [Logoff](#)

Change Password

Please complete the following form to change your password.

Old Password

New Password

Re-enter New Password

Enter your information in these three fields and click the **Submit** button.

Figure 11-2 – Change Password



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Authorized Missions

Mission Name	
CONSULATE OF	ANNEX 0 CHICAGO, IL 60606
CONSULATE OF	ANNEX 0 LOS ANGELES, CA 90067
CONSULATE OF	ANNEX 0 NEW YORK, NY 10017
EMBASSY OF	ANNEX 0 WASHINGTON, DC 20036

Figure 11-3 – Authorized Missions