

# eGov Screens

## 1 of 2

Modified to remove  
Form references

## 4.1 - User Logon

Welcome to OFM E-Gov

Page 1 of 1



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

Welcome to OFM E-Gov

Please enter your credentials to access the system.

User Name   
Password

[Request access to this system](#)

[Photograph and Signature Card](#)

*Figure 4.1-1 – Logon Dialog Window*



# U.S. Department of State

## Office of Foreign Missions

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

### Personal Information

Logon DONNELLYPL  
Surname DONNELLY  
Given Name PATRICK  
Middle Initial L  
Mission EMBASSY OF MEXICO ANNEX 0 WASHINGTON, DC 20006  
City WASHINGTON  
State DC  
Telephone (202) 895-3552  
E-mail DonnellyPL@state.gov  
Birth Date 08/09/1950

[Change Password](#)

*Figure 4.2-1 – Personal Information Screen*



*Figure 4.2-2 – Change Password Screen*



# U.S. Department of State

## Office of Foreign Missions

[Main Menu](#) | [Request a New Service](#) | [View Service Requests](#) | [View Profile](#) | [Logoff](#)

### Main Menu

[Request a New Service](#)

[View Service Requests](#)

[View Your User Profile](#)

Logged In as: DONNELLYPL  
Logged In since: Thu, 10/23/2008 12:47:53

*Figure 4.3-1 – e-Gov Program Main Menu*



# U.S. Department of State

## Office of Foreign Missions

View Service Requests | Main Menu | Logoff

<u>Trans ID</u>	<u>Service</u>	<u>Subject</u>	<u>Status</u>	<u>Status Date</u>	<u>Created By</u>	<u>Created Date</u>
<a href="#">5000000149</a>	BONDED WAREHOUSE ITEMS	DONNELLYPL	SUBMITTED	09/29/08	UC00PLD	09/25/08
<a href="#">5000000150</a>	BONDED WAREHOUSE ITEMS	DONNELLYPL	SUBMITTED	09/25/08	UC00PLD	09/25/08
<a href="#">5000000151</a>	BONDED WAREHOUSE ITEMS	DONNELLYPL	SUBMITTED	09/25/08	UC00PLD	09/25/08
<a href="#">5000000152</a>	BONDED WAREHOUSE ITEMS	DONNELLYPL	SUBMITTED	09/25/08	UC00PLD	09/25/08
<a href="#">5000000153</a>	BONDED WAREHOUSE ITEMS	DONNELLYPL	ACCEPTED	07/17/08	UC00PLD	09/25/08
<a href="#">5000000154</a>	BONDED WAREHOUSE ITEMS	DONNELLYPL	SUBMITTED	09/29/08	UC00PLD	09/25/08
<a href="#">5000000155</a>	BONDED WAREHOUSE ITEMS	DONNELLYPL	SUBMITTED	09/28/08	UC00PLD	09/25/08
<a href="#">5000000156</a>	ESCORT SCREENING	JENNINGS	SUBMITTED	09/29/08	UC00PLD	09/25/08
<a href="#">5000000157</a>	ESCORT SCREENING	DIEFENBAKER	SUBMITTED	10/01/08	UC00PLD	09/25/08
<a href="#">5000000158</a>	ESCORT SCREENING	MITCHELL	SUBMITTED	10/01/08	UC00PLD	09/25/08
<a href="#">5000000159</a>	ESCORT SCREENING	CRETIEN	SUBMITTED	10/01/08	UC00PLD	09/25/08
<a href="#">5000029359</a>	TITLE	POWELL	SUBMITTED	01/04/08	RAMSAYWHITEB	01/04/08
<a href="#">5000029364</a>	DRIVER LICENSE/Non-Driver ID	POWELL	SUBMITTED	01/04/08	RAMSAYWHITEB	01/04/08
<a href="#">5000029367</a>	DRIVER LICENSE/Non-Driver ID	POWELL	SUBMITTED	01/04/08	RAMSAYWHITEB	01/04/08
<a href="#">5000029397</a>	DRIVER LICENSE/Non-Driver ID	CORTI	SUBMITTED	01/07/08	MEDINAA	01/07/08

Records 1 - 15 of 283

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 ▸



# U.S. Department of State

## Office of Foreign Missions

[Request a New Service](#) | [Main Menu](#) | [Logoff](#)

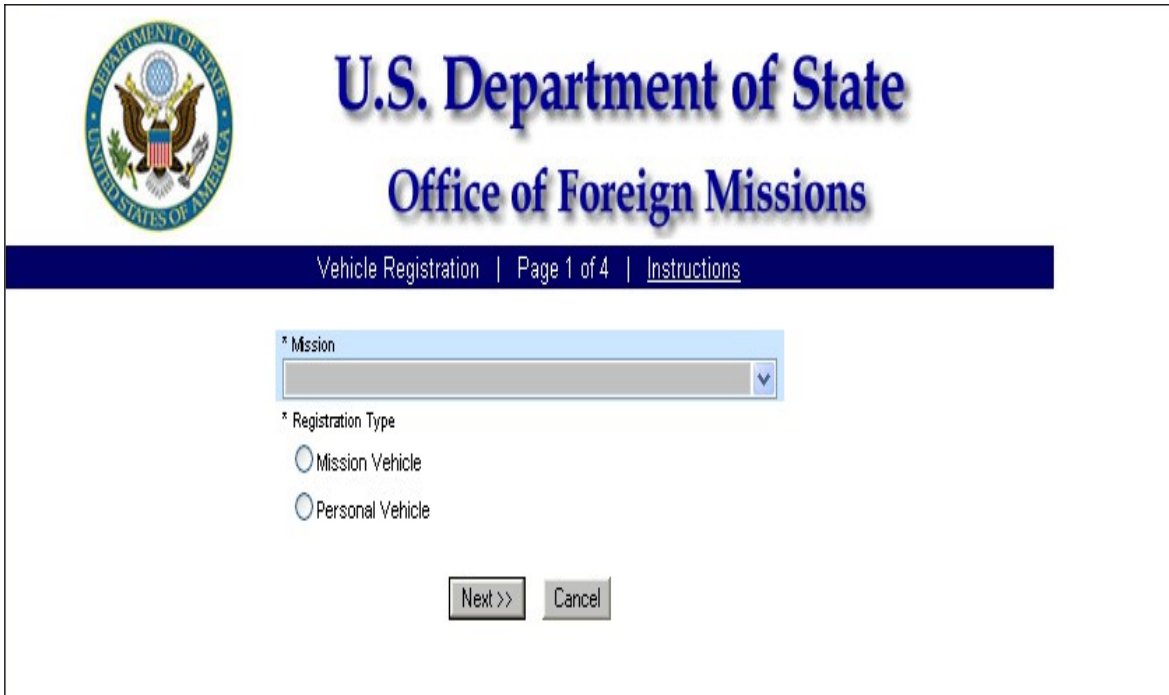
Request a Service from the list below to begin.


<b>Customs</b>	<a href="#">Bonded Warehouse Ordering</a>
	<a href="#">Vehicle Registration</a>
<b>DMV</b>	<a href="#">Vehicle Title</a>
	<a href="#">Replacement Plates</a>
	<a href="#">Driver License/Non-Driver ID</a>
	Update Vehicle Insurance
<b>Tax</b>	<a href="#">Tax Exemption Card</a>
	<a href="#">Exemption from Utilities Taxes</a>
	<a href="#">Exemption from Gasoline Taxes</a>
<b>Protocol</b>	<a href="#">Notification of Appointment</a>
	Notification of Appointment (Honorary Consular Officer)
	<a href="#">Notification of Change</a>
	<a href="#">Notification of Termination</a>

*Figure 5.2-1 – Application Selection Screen.*

## 6 – Applying for DMV Services

### 6.1 - Applying for a Mission Vehicle Registration



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

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

\* Mission

\* Registration Type  
 Mission Vehicle  
 Personal Vehicle

**Figure 6.1-1 – Vehicle Registration Screen 1**




OFM E-Gov: Vehicle Registration - Microsoft Internet Explorer provided by DS/OFM Systems

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites Media Print Mail

Address http://ofmsntsorw1:7010/webster/app/vehicleReg1.do



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

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

**Principal Driver**

I.D. Number Surname Given Name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth

Month Day Year

\_\_\_\_ ▾ \_\_\_\_ \_\_\_\_

**Principal User**

I.D. Number Surname Given Name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth

Month Day Year

\_\_\_\_ ▾ \_\_\_\_ \_\_\_\_

**Figure 6.1-2 – Vehicle Registration Screen 1a**

OFM E-Gov: Vehicle Registration - Microsoft Internet Explorer provided by DS/OFM Systems

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites Media Print Mail

Address http://ofmsntsorw1:7010/webster/app/vehicleReg1a.do



## 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
_____	_____	_____ ▾	_____ ▾	_____ ▾	_____
* City		* State	* Zip Code		
_____		_____	_____		

**Figure 6.1-3 – Vehicle Registration Screen 1b**

OFM E-Gov: Vehicle Registration - 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/vehicleReg1b.do



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

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

**Vehicle**

* Vehicle Identification Number	* Make	* Model	* Ownership Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Lien
* Body	* Year	Weight	<input type="radio"/> Lease
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Owned
* Odometer	* Color		
<input type="text"/>	<input type="text"/>		

**Figure 6.1-4 – Vehicle Registration Screen 2**

OFM E-Gov: Vehicle Registration - 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/vehicleReg2.do



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

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

**Insurance Carrier**

* Company Name		
<input type="text"/>		
* Address Line 1		
<input type="text"/>		
Address Line 2		
<input type="text"/>		
* City	* State	* Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
* Phone Number		
<input type="text"/>		

**Figure 6.1-5 – Vehicle Registration Screen 3**



*Figure 6.1-6 – Vehicle Registration Screen 2a*



*Figure 6.1-7 – Vehicle Registration Screen 3a*

OFM E-Gov: Vehicle Registration - Microsoft Internet Explorer provided by DS/OFM Systems

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites Media Print Mail

Address http://ofmsntsorw1:7010/webster/app/vehicleReg3a.do



## 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\* Insurance Coverage Type

P/A/P

Personal Injury Per Person	Personal Injury Per Accident	Personal Damage Per Accident
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Combined Single Limit

Personal Injury and Property Damage Per Accident

\$

**Figure 6.1-8 – Vehicle Registration Screen 4**





# U.S. Department of State

## Office of Foreign Missions

View Form #5000045993 | View All Requested Services | Main Menu | Logoff

Transaction ID **5000045993**  
 Country **MEXICO**  
 Status (Date) **RETURNED TO MISSION (08/14/2008)**  
 Created By (Date) **MEDINAA (08/05/2008)**  
 Modified Date **08/14/2008**

Edit Form

VEHICLE REGISTRATION (MISSION)		Registration Type	Mission Vehicle
Mission EMBASSY OF MEXICO ANNEX 0 WASHINGTON, DC 20006			
Principal Driver			
I.D. Number	Name		Birth Date
4009-2145	ESCAMILLA NUÑEZ, JESUS ENRIQUE		FEB/14/1962
Principal User			
I.D. Number	Name		Birth Date
4009-2145	ESCAMILLA NUÑEZ, JESUS ENRIQUE		FEB/14/1962
Address Where Vehicle Is Principally Garaged 2000 PENNSYLVANIA AVENUE NW WASHINGTON, DC 20006			
Ownership Type	Vehicle Identification Number	Make	Model
Owned	1C3EJ46X3YN309253	CHRY	CIRRUS
Body	Model Year	Weight (lbs)	Odometer (mi)
4D	2000	2975	51687
			Vehicle Color
			GRY
Insurance Company		Broker/Agent	
AMERICAN INTERNATIONAL SOUTH INSURANCE		THE SUNRISE GROUP, LLC 816 EXECUTIVE DRIVE OVIEDO, FL 32765 (888) 760-9195	
Binder or Policy Number		Beginning Date (Mo/Day/Yr)	JUL/31/2008
0002309146		Ending Date (Mo/Day/Yr)	JUL/31/2009
Insurance Coverage		Personal Injury and Property Damage Per Accident	
Combined Single Limit		\$1,000,000.00	

Please submit the following documents to accompany your application.

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

http://localhost:7001/eGov/app/viewReceipt.do?transID=5000045993

10/23/2008

**Figure 6.1-9 – Confirmation Page for Vehicle Registration (Mission)**



# U.S. Department of State

## Office of Foreign Missions

View Form # 5000000477 | [View All Forms](#) | [Main Menu](#) | [Logout](#)

Transaction ID: **5000000477**  
 Status (Date): **ACCEPTED (09/16/2004)**  
 Created By (Date): **DIMARZIOE (09/16/2004)**  
 Modified Date: **09/16/2004**

### Vehicle Registration

Mission	<b>EMBASSY OF ITALY ANNEX 0 WASHINGTON, DC 20008</b>
Registration Type	<b>Personal Vehicle</b>
Owner I.D. Number	<b>4003-2303</b>
Owner Name	<b>DAVIDSON, HARLEY</b>
Owner Birth Date (Mo/Day/Yr)	<b>JUL/01/1952</b>
Owner Address	<b>100 HARD TIMES VIEW HW WASHINGTON, DC 20009</b>
Co-Owner	<b>None</b>
Vehicle Identification Number	<b>1G1BH69H2FY121766</b>
Vehicle Make	<b>CHEV</b>
Vehicle Model	<b>CCL</b>
Vehicle Body	<b>4D</b>
Vehicle Model Year	<b>1985</b>
Vehicle Weight (lbs)	<b>3389</b>
Vehicle Odometer (mi)	<b>0</b>
Vehicle Color	<b>BLK</b>
Ownership Type	<b>Owned</b>
Insurance Company Name	<b>STATE FARM</b>
Insurance Company Address	<b>1000 UNIVERSITY BLVD. SILVER SPRING, MD 20906</b>
Insurance Phone Number	<b>(301) 555-1212</b>
Broker/Agent Name	<b>STATE FARM</b>

Broker/Agent Address	<b>1000 UNIVERSITY BLVD. SILVER SPRING, MD 20906</b>
Broker/Agent Phone Number	<b>(301) 555-1212</b>
Binder or Policy Number	<b>D9876543210</b>
Policy Beginning Date (Mo/Day/Yr)	<b>OCT/01/2003</b>
Policy Ending Date (Mo/Day/Yr)	<b>OCT/01/2004</b>
Insurance Coverage Type	<b>Combined Single Limit</b>
Personal Injury and Property Damage Per Accident	<b>\$300,000.00</b>

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

*No remarks on file*

Add a remark

Add Remark

**Figure 6.1-10 – Submission Receipt for Vehicle Registration (Mission)**

## 6.2 - Applying for a Personal Vehicle Registration

The screenshot shows a Microsoft Internet Explorer browser window. The title bar reads "OFM E-Gov: Vehicle Registration - Microsoft Internet Explorer provided by DS/OFM Systems". The address bar contains the URL "http://ofmsntsorw1:7010/webster/app/selectForm.do?selectedForm=DS100". The main content area features the U.S. Department of State seal on the left and the text "U.S. Department of State Office of Foreign Missions" in blue. Below this is a dark blue navigation bar with the text "Vehicle Registration | Page 1 of 4 | [Instructions](#)". The form itself has two required fields: "\* Mission" with a dropdown menu and "\* Registration Type" with two radio button options: "Mission Vehicle" and "Personal Vehicle". At the bottom of the form are two buttons: "Next >>" and "Cancel".

*Figure 6.2-1 Vehicle Registration Screen 1*

OFM E-Gov: Vehicle Registration - Microsoft Internet Explorer provided by DS/OFM Systems

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media

Address http://ofmnsntorw1:7010/webster/app/vehicleReg1.do



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

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

**Owner**

\* I.D. Number \* Surname \* Given Name

\_\_\_\_\_

Date of Birth

\* Month \* Day \* Year

\_\_\_\_\_

**Owner Address**

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

\_\_\_\_\_

\* City \* State \* Zip Code

\_\_\_\_\_

\* Co-Owner

None  Diplomat  Non-Diplomat

**Figure 6.2-2 – Vehicle Registration Screen 1c**

OFM E-Gov: Vehicle Registration - Microsoft Internet Explorer provided by DS/OFM Systems

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media

Address http://ofmnsntorw1:7010/webster/app/vehicleReg1c.do



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

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

**Vehicle**

* Vehicle Identification Number	* Make	* Model	* Ownership Type
_____	_____	_____	<input type="radio"/> Lien
* Body	* Year	Weight	* Odometer
_____	_____	_____	* Color
_____	_____	_____	<input type="radio"/> Lease
			<input type="radio"/> Owned

**Figure 6.2-3 – Vehicle Registration Screen 2**



OFM E-Gov: Vehicle Registration - Microsoft Internet Explorer provided by DS/OFM Systems

File Edit View Favorites Tools Help

Back Search Favorites Media

Address http://ofmsntsorw1:7010/eGov/app/vehicleReg1.c.do

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

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

**Co-Owner (Diplomat)**

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

Back << Next >> Cancel

*Figure 6.2-2a – Co-Owner (Diplomat)*

OFM E-Gov: Vehicle Registration - Microsoft Internet Explorer provided by DS/OFM Systems

File Edit View Favorites Tools Help

Back Search Favorites Media

Address http://ofmsntsorw1:7010/eGov/app/vehicleReg1.c.do

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

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

**Co-Owner (Non-Diplomat)**

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

Back << Next >> Cancel

*Figure 6.2-2b – Co-Owner (Non-Diplomat)*

OFM E-Gov: Vehicle Registration - Microsoft Internet Explorer provided by DS/OFM Systems

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites Media Print Mail

Address <http://ofmsntsorw1:7010/webster/app/vehicleReg2.do>



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

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

Lein or Lease Holder

\* Name

\* Address Line 1

Address Line 2

\* City  \* State  \* Zip Code

*Figure 6.2-4 – Vehicle Registration Screen 2a*

OFM E-Gov: Vehicle Registration - Microsoft Internet Explorer provided by DS/OFM Systems

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites Media Print Mail

Address <http://ofmsntsorw1:7010/webster/app/vehicleReg2a.do>



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

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

Insurance Carrier

\* Company Name

\* Address Line 1

Address Line 2

\* City  \* State  \* Zip Code

\* Phone Number

*Figure 6.2-5 – Vehicle Registration Screen 3*

OFM E-Gov: Vehicle Registration - Microsoft Internet Explorer provided by DS/OFM Systems

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media

Address http://ofmsntsorw1:7010/webster/app/vehicleReg3.do



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

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

**Insurance Broker/Agent**

\* Broker/Agent Name

\* Address Line 1

Address Line 2

\* City  \* State  \* Zip Code

\* Phone Number

**Figure 6.2-6 Vehicle Registration Screen 3a**

OFM E-Gov: Vehicle Registration - Microsoft Internet Explorer provided by DS/OFM Systems

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media

Address http://ofmsntsorw1:7010/webster/app/vehicleReg3a.do



## 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 <input type="text"/>	* Month <input type="text"/> * Day <input type="text"/> * Year <input type="text"/>	* Month <input type="text"/> * Day <input type="text"/> * Year <input type="text"/>

\* Insurance Coverage Type

P/A/P

Personal Injury Per Person \$ <input type="text"/>	Personal Injury Per Accident \$ <input type="text"/>	Personal Damage Per Accident \$ <input type="text"/>
-------------------------------------------------------	---------------------------------------------------------	---------------------------------------------------------

Combined Single Limit

Personal Injury and Property Damage Per Accident  
\$

**Figure 6.2-7 – Vehicle Registration Screen 4**



# U.S. Department of State

## Office of Foreign Missions

View Form #5000030227 | View All Requested Services | Main Menu | Logoff

Transaction ID **5000030227**  
 Country **MEXICO**  
 Status (Date) **SUBMITTED (01/18/2008)**  
 Created By (Date) **MEDINAA (01/18/2008)**  
 Modified Date **01/18/2008**

<b>VEHICLE REGISTRATION (PERSONAL)</b>		Registration Type	Personal Vehicle
Mission EMBASSY OF MEXICO ANNEX 10 WASHINGTON, DC 20006			
Owner I.D. Number 4010-2090	Name CORDERO GOMEZ, JUAN ARTURO	Birth Date SEP/27/1957	
Owner Address 728 RIDGEMONT AVENUE ROCKVILLE, MD 20850		Co-Owner None	
Ownership Type Owned	Vehicle Identification Number 2C8GP64L13R362011	Make CHRY	Model T&C
Body SV	Model Year 2003	Weight (lbs) 55000	Odometer (mi) 55000
Insurance Company TRAVELERS		Broker/Agent WEAVER BROS 7315 WISCONSIN AVE STE. 900 EAST BETHESDA, MD 20814 (301) 664-7720	
Binder or Policy Number 982217120 101 1		Beginning Date (Mo/Day/Yr)	NOV/28/2007
		Ending Date (Mo/Day/Yr)	NOV/28/2008
Insurance Coverage PIA/P	Personal Injury Per Person \$100,000.00	Personal Injury Per Accident \$300,000.00	Personal Damage Per Accident \$100,000.00

Please submit the following documents to accompany your application.

Document	Condition
Certificate of Origin or Title	Document must be submitted
Photocopy of insurance Binder Sheet OR Photocopy of insurance Declaration Page	Document must be submitted
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.

http://localhost:7001/eGov/app/viewReceipt.do?transID=5000030227

10/23/2008

**Figure 6.2-8 – Confirmation Page for Vehicle Registration (Personal)**



### 6.3 - Applying for Title



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

Application for Title | Page 1 of 3 | [Instructions](#)

\* Mission  
[Dropdown menu]

\* Registration Type  
 Mission Vehicle  
 Personal Vehicle

Next >>    Cancel

Figure 6.3-1 – Title Screen 1



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

Application for Title | Page 1a of 3 | [Instructions](#)

Principal/Owner (Applicant must be a Principal even if not the vehicle owner or co-owner)

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

[Text boxes]

Date of Birth  
\* Month    \* Day    \* Year  
[Dropdown] [Text] [Text]

Residence Address  
\* No    \* Street    \* St/Rd    Quadrant    Unit Type    Unit No  
[Text] [Text] [Dropdown] [Dropdown] [Dropdown] [Text]

\* City    \* State    \* Zip Code  
[Text] [Text] [Text]

If the co-owner does not have a PID, then this application must be submitted manually, not via e-Gov.  
Vehicle Co-Owner

None     Principal     Dependent

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

[Text boxes]

Date of Birth  
Month    Day    Year  
[Dropdown] [Text] [Text]

Back <<    Next >>    Cancel

Figure 6.3-2 – Title Screen 1a



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

Application for Title | Page 2 of 3 | [Instructions](#)

Application for title may not be submitted for imported motor vehicles that do not conform to U.S. Department of Transportation (DOT) and Environmental Protection Agency (EPA) safety and emission standards. If the vehicle you wish to apply for title is not in the vehicle Make pop-up window, then you must apply for title manually, not via e-Gov.

* Vehicle Identification Number	* Make	* Model		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Body	Year	Weight (lbs)	* Odometer (mi)	Color
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 6.3-3 – Title Screen 2



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

Application for Title | Page 3 of 3 | [Instructions](#)

\* Title Type:

- Sell (outside the diplomatic community)
- Export
- Transfer to Another Diplomat/Employee
- Transfer to Mission
- Junk
- Lease
- Salvage
- Stolen

Figure 6.3-4 – Title Screen 3



# U.S. Department of State

## Office of Foreign Missions

Application for Title | Page 3a of 3 | [Instructions](#)

The buyer cannot be a member of the foreign diplomatic community or an active dependent. If the buyer is a member of the foreign diplomatic community, then go back and select Transfer to Another Diplomat/Employee.

Buyer						
* Surname			* Given Name			
<input type="text"/>			<input type="text"/>			
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			
<input type="text"/>		<input type="text"/>	<input type="text"/>			
Back <<		Next >>		Cancel		

**Figure 6.3-5 – Title Screen 3a**



# U.S. Department of State

## Office of Foreign Missions

Application for Title | Confirmation Page | [Instructions](#)

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

**Sale or transfer titles to an individual or mission should not have a lien. If the vehicle has a lien, then a sale or transfer title to an individual or mission will not be processed. The lien must be satisfied before this title will be processed.**

### APPLICATION FOR TITLE

<b>DS102</b>		Registration Type <b>Mission Vehicle</b>	Title Purpose <b>Sell (outside the diplomatic community)</b>	
Mission <b>EMBASSY OF PHILIPPINES ANNEX 0 WASHINGTON, DC 20036</b>				
Vehicle Identification Number		Make		Model
Body	Model Year	Weight (lbs)	Odometer (mi)	Color
Buyer Name <b>TEST, TEST</b>		Buyer Address <b>1 S AVENUE A, VA 22201</b>		

Applicant, by submitting this application, certifies that, in accordance with the provisions of Title 18 U.S. Code, Section 1001, prohibiting the making of a false statement in connection with any federal matter, the information stated here is true and correct.

The official (diplomatic, consul, staff) federal license plates issued for this vehicle will not be removed from the vehicle until authorized by the U.S. Department of State, Office of Foreign Missions and the official federal license plates will be returned to the Office of Foreign Missions.

**Figure 6.3-6 – Confirmation Page for Title**





# U.S. Department of State

## Office of Foreign Missions

View Form #5000031991 | View All Requested Services | Main Menu | Logoff

Transaction ID **5000031991**  
 Country **CANADA**  
 Status (Date) **SUBMITTED (02/19/2008)**  
 Created By (Date) **OLIVEROSMD (02/19/2008)**  
 Modified Date **02/19/2008**

<b>TITLE</b>	Registration Type <b>Personal Vehicle</b>	Title Purpose <b>Sell (outside the diplomatic community)</b>
Mission <b>EMBASSY OF CANADA ANNEX 0 WASHINGTON, DC 20001</b>		
Owner		
I.D. Number <b>4007-8532</b>	Name <b>BROWNRIGG, JIM</b>	Birth Date <b>MAY/05/1964</b>
Residence Address <b>9501 FALLS BRIDGE LANE POTOMAC, MD 20854</b>		
Co-owner		
I.D. Number	Name <b>None</b>	Birth Date
Vehicle Identification Number <b>4T3ZF19C23U533041</b>		
Body <b>SV</b>	Model Year <b>2003</b>	Weight (lbs)
Make <b>TOYT</b>		Model <b>SIE</b>
Odometer (mi) <b>117486</b>		Color <b>GRY</b>
Buyer Name <b>COLEMAN, JIM</b>		Buyer Address <b>10400 AUTO PARK AVENUE BETHESDA, MD 20817</b>

Applicant, by submitting this application, certifies that, in accordance with the provisions of Title 18 U.S. Code, Section 1001, prohibiting the making of a false statement in connection with any federal matter, the information stated here is true and correct.

The official (diplomatic, consul, staff) federal license plates issued for this vehicle will not be removed from the vehicle until authorized by the U.S. Department of State, Office of Foreign Missions and the official federal license plates will be returned to the Office of Foreign Missions.

Owner's Signature (Required) <span style="float: right;">Date</span>	Mission Seal (Required)
Co-owner's Signature <span style="float: right;">Date</span>	

Please submit the following documents to accompany your application.

Document	Condition
Lien Release Letter	If the lien has been satisfied, then evidence must be submitted.
OR	If the lien exists and is previously recorded with a lien title, then this document must be submitted. Lien title must be the original Department of State lien title properly stamped and signed by the lending institution or the original lien letter on the financial institution's letterhead identifying the vehicle by VIN, the customer's name and signed by an officer of the bank or lending institution.
Lien Title	
	If the lien has not been satisfied, then the disposition title will be printed with the lien information and stamped "LIEN NOT SATISFIED".
Odometer Statement	If there is an odometer discrepancy, then additional proof of the current odometer reading is also required.

**Figure 6.3-7 – Submission Receipt for Application for Title**

## 6.4 - Applying for Replacement Plates

The screenshot shows a Microsoft Internet Explorer browser window displaying the OFM E-Gov application. The address bar shows the URL: <https://169.253.2.36/eGov/app/selectForm.do?selectedForm=D5104>. The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The toolbar contains icons for Back, Forward, Stop, Home, Search, Favorites, Media, and other utilities. The main content area features the U.S. Department of State Office of Foreign Missions logo and the text "U.S. Department of State Office of Foreign Missions". Below this, a navigation bar indicates "Application for Replacement Plates | Page 1 of 4 | [Instructions](#)". The form fields include: a dropdown menu for "Mission"; radio buttons for "Reason for New Plates" with options "1 Plate Lost/Stolen", "2 Plates Lost/Stolen", "Change in Position", and "Other (e.g., damaged plates or lost/stolen stickers)"; and radio buttons for "Vehicle Registration Type" with options "Mission Vehicle" and "Personal Vehicle". At the bottom of the form are "Next >>" and "Cancel" buttons.

Figure 6.4-1 – Replacement Plates Screen 1

The screenshot shows the OFM E-Gov application for replacement plates, Screen 1a. The browser window title is "OFM E-Gov: Application for Replacement Plates - Microsoft Internet Explorer provided by DS/OFM Systems". The address bar shows the URL: <http://ofmnsntorw1:7010/webster/app/replacementPlates1.do>. The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The toolbar contains icons for Back, Forward, Stop, Home, Search, Favorites, Media, and other utilities. The main content area features the U.S. Department of State Office of Foreign Missions logo and the text "U.S. Department of State Office of Foreign Missions". Below this, a navigation bar indicates "Application for Replacement Plates | Page 1a of 2 | [Instructions](#)". The form fields include: a "Date Plates Lost/Stolen" section with dropdown menus for "Month", "Day", and "Year"; a text input field for "OFM Report Number"; and "Back <<", "Next >>", and "Cancel" buttons at the bottom.

Figure 6.4-2 – Replacement Plates Screen 1a



**Figure 6.4-3 – Replacement Plates Screen 2**



**Figure 6.4-4 – Replacement Plates Screen 3**

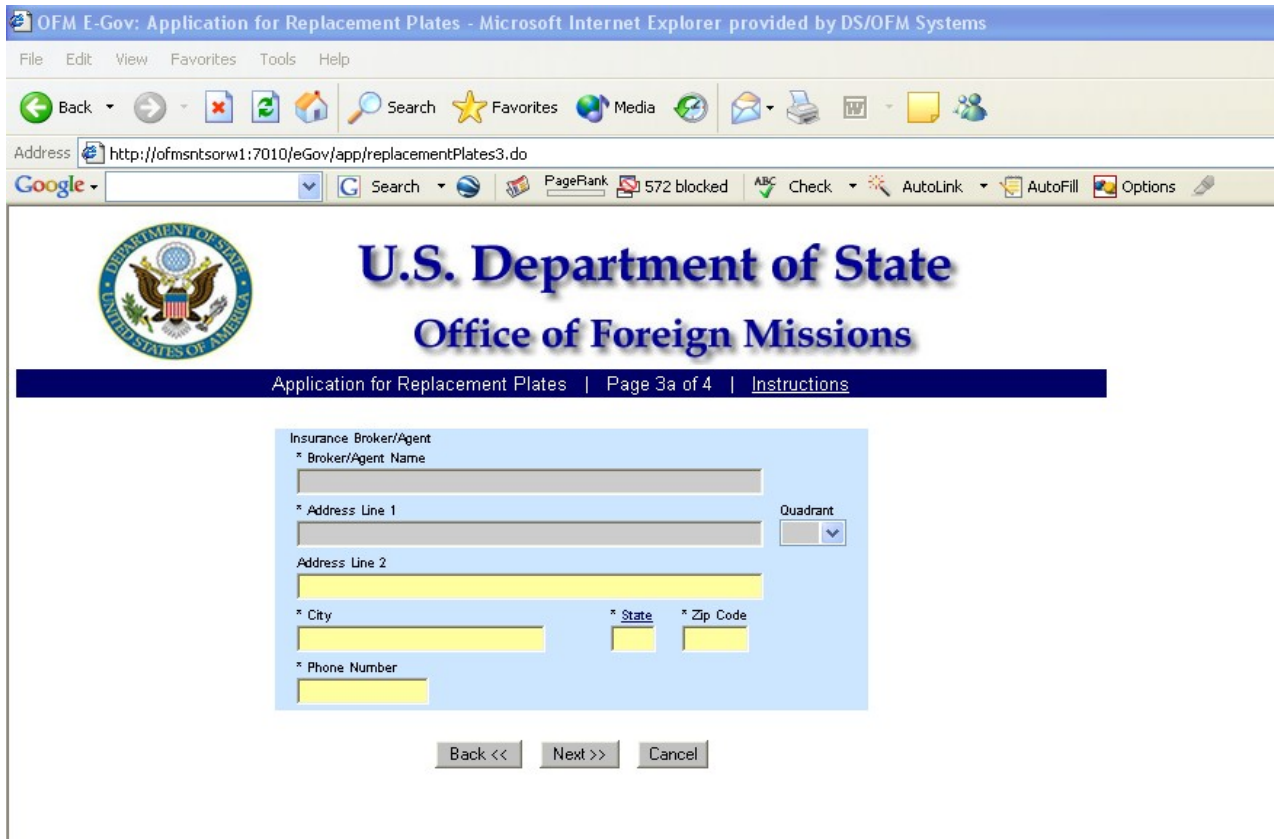


Figure 6.4-5 – Replacement Plates Screen 4

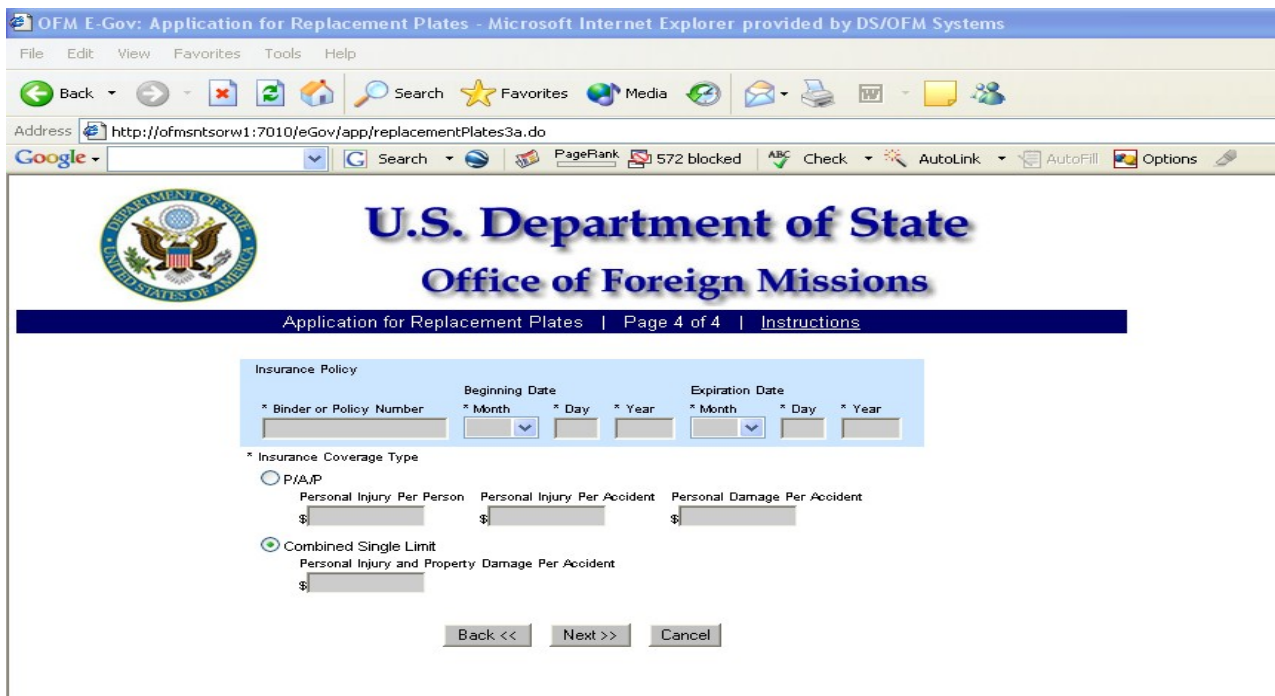


Figure 6.4-6 – Replacement Plates Screen 5



OFM E-Gov: Application for Replacement Plates - 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/replacementPlates4.do

Google Search PageRank 572 blocked ABC Check Look for Map AutoFill Options



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

Application for Replacement Plates | 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 REPLACEMENT PLATES**

<b>DS104</b>		Vehicle Registration Type		<b>Personal Vehicle</b>	
Mission <b>EMBASSY OF ALBANIA ANNEX 0 WASHINGTON, DC 20008</b>					
Reason for Replacement Plates <b>Other (e.g., damaged plates or lost/stolen stickers)</b> Other Reason <b>PJ</b>					
Owner		Name		Birth Date	
I.D. Number <b>1234-5671</b>		<b>T, T</b>		<b>JAN/01/1980</b>	
Co-owner		Name		Birth Date	
I.D. Number		<b>None</b>			
Vehicle Identification Number <b>1000000000000000</b>		License Plate Number <b>A</b>		Make <b>1</b>	
Body <b>1</b>		Model Year <b>1</b>		Odometer (mi) <b>1</b>	
Insurance Company <b>T</b>		Broker/Agent <b>TEST TEST TEST, VA 22201 (703) 243-4976</b>			
Binder or Policy Number <b>1</b>		Beginning Date (Mo/Day/Yr)		<b>FEB/01/2006</b>	
		Ending Date (Mo/Day/Yr)		<b>DEC/02/2006</b>	
Insurance Coverage <b>Combined Single Limit</b>		Personal Injury and Property Damage Per Accident <b>\$3,000,000.00</b>			

**Figure 6.4-6 – Confirmation Page for Replacement Plates**

OFM E-Gov: Application for Replacement Plates - 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/replacementPlates1.do

Google Search PageRank 572 blocked ABC Check AutoLink AutoFill Options



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

Application for Replacement Plates | Page 1b of 4 | Instructions

**\* New Position**

Diplomatic Agent

Career Consular Officer

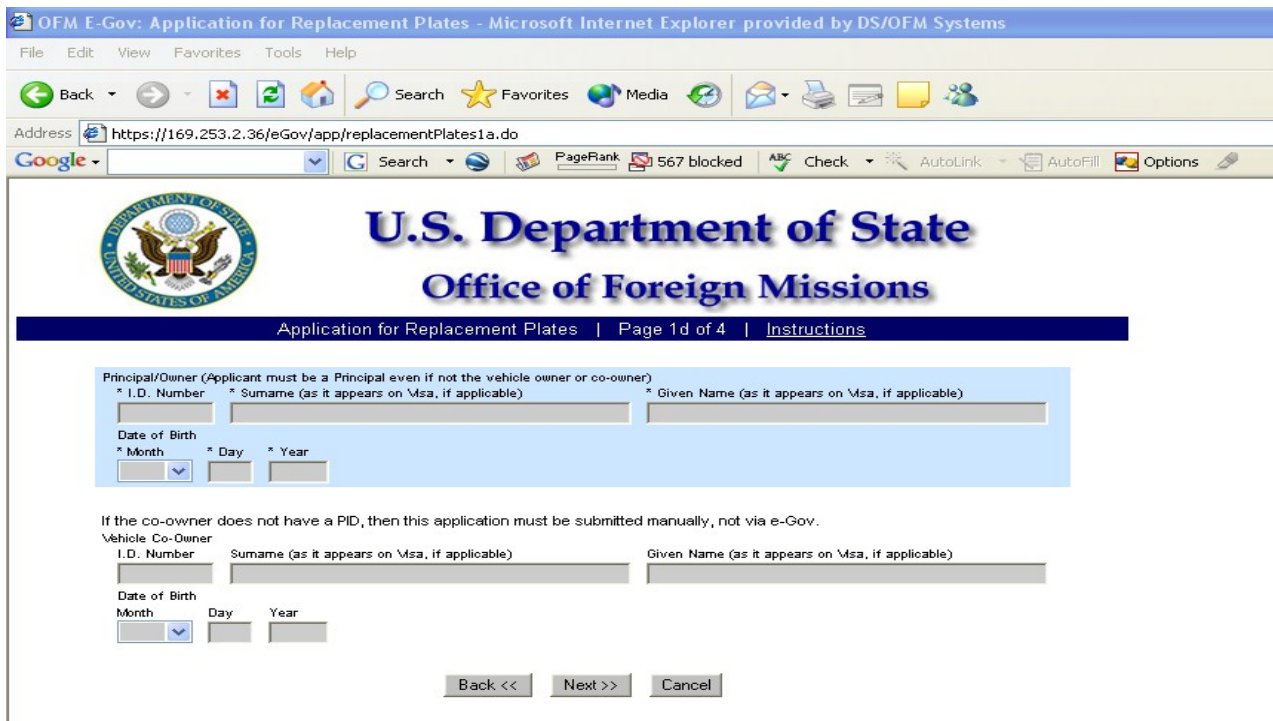
Administrative and Technical Staff

Service Staff

**Figure 6.4-7 – Replacement Plates Screen 1b**



*Figure 6.4-8 – Replacement Plates Screen 1c*




*Figure 6.4-9 – Replacement Plates Screen 1d*

## 6.5 - Applying for Driver License or Non-Driver ID

OFM E-Gov: Application for Driver License or Non-Driver ID - Microsoft Internet Explorer provided by DS/OFM Systems

File Edit View Favorites Tools Help

Address: <http://ofmsntsorw1:7010/webster/app/selectForm.do?selectedForm=D51972D>

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

Application for Driver License or Non-Driver ID | Page 1 of 3 | [Instructions](#)

\* License Type  
 Driver License  
 Non-Driver ID

\* Issue Type  
 Original  
 Replacement  
 Renewal

Figure 6.5-1 – Driver License/Non-Driver ID Screen 1

OFM E-Gov: Application for Driver License or Non-Driver ID - Microsoft Internet Explorer provided by DS/OFM Systems

File Edit View Favorites Tools Help

Address: <http://ofmsntsorw1:7010/webster/app/driversLicense1.do>

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

Application for Driver License or Non-Driver ID | Page 2 of 3 | [Instructions](#)

\* Mission  
[Dropdown Menu]

Applicant

\* I.D. Number [Text Field] \* Surname [Text Field] \* Given Name [Text Field]

Date of Birth \* Month [Dropdown] \* Day [Text Field] \* Year [Text Field] Height \* Feet [Text Field] \* Inches [Text Field] \* Weight [Text Field] lbs

Applicant Address

\* No [Text Field] \* Street [Text Field] \* St/Rd [Dropdown] Quadrant [Dropdown] Unit Type [Dropdown] Unit No [Text Field]

\* City [Text Field] \* State [Text Field] \* Zip Code [Text Field]

Figure 6.5-2 - Driver License/Non-Driver ID Screen 2

OFM E-Gov: Application for Driver License or Non-Driver ID - 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/webster/app/driversLicense2.do



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

Application for Driver License or Non-Driver ID | Page 3 of 3 | [Instructions](#)

\* Vehicle Class

Regular

Motorcycle

Regular and Motorcycle

\* Please answer each of the questions below.

Do you wear corrective lenses?  Yes  No

Do you have any physical disability, other than vision, which may affect your driving?  Yes  No

Do you possess a valid non-U.S. driver license?  Yes  No

Do you possess a valid U.S. driver license?  Yes  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?  Yes  No

**Figure 6.5-3 - Driver License/Non-Driver ID Screen 3**

OFM E-Gov: Application for Driver License or Non-Driver ID - 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/webster/app/driversLicense3.do



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

Application for Driver License or Non-Driver ID | Page 3a of 3 | [Instructions](#)

You have indicated that you possess a valid non-U.S. driver license. Please enter the details of the license below.

\* Country of License

\* Are you a citizen of the above country?  
 Yes  No

Expiration Date

\* Month  \* Day  \* Year

\* License #

**Figure 6.5-4 – Driver License/Non-Driver ID Screen 3a**





Figure 6.5-5 – Driver License/Non-Driver ID Screen 3b



Figure 6.5-6 – Driver License/Non-Driver ID Screen 3c

OFM E-Gov: Application for Driver License or Non-Driver ID - Microsoft Internet Explorer provided by DS/OF...

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Refresh Print Mail News RSS People

Address http://192.168.1.96:7010/eGov/app/driversLicense3.do Go Links



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

Application for Driver License or Non-Driver ID | [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 DRIVER LICENSE/Non-Driver ID**

<b>DS1972D</b>	License Type <b>Driver License</b>	Issue Type <b>Original</b>
Mission <b>CONSULATE OF ATLANTIS ANNEX 0 CHICAGO, IL 60612</b>		
I.D. Number <b>1236-5478</b>	Name <b>TEST, TEST</b>	
Address <b>100 MAIN STREET NW WASHINGTON, DC 20008</b>	Birth Date <b>JAN/01/1980</b>	Height <b>5' 8"</b>
		Weight (lbs) <b>165</b>
Vehicle Class		<b>Regular (Car)</b>
Do you wear corrective lenses for driving?		<b>No</b>
Do you have any physical disability, other than vision, which may affect your driving?		<b>No</b>
Do you possess a valid non-U.S. driver license?		<b>No</b>
Do you possess a valid U.S. driver license?		<b>No</b>
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?		<b>No</b>

**Figure 6.5-7 – Confirmation Page for Driver License**

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

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites Print Mail News RSS

Address http://192.168.1.96:7010/eGov/app/viewReceipt.do?transID=5000002669 Go Links

Country **ATLANTIS**  
 Status (Date) **SUBMITTED (10/30/2007)**  
 Created By (Date) **MATAKACT (10/30/2007)**  
 Modified Date

**APPLICATION FOR DRIVER LICENSE/Non-Driver ID**

<b>DS1972D</b>	License Type <b>Driver License</b>	Issue Type <b>Original</b>
Mission <b>CONSULATE OF ATLANTIS ANNEX 0 CHICAGO, IL 60612</b>		
I.D. Number <b>1236-5478</b>	Name <b>TEST, TEST</b>	
Address <b>100 MAIN STREET NW WASHINGTON, DC 20008</b>	Birth Date <b>JAN/01/1980</b>	Height <b>5' 8"</b>
		Weight (lbs) <b>165</b>
Vehicle Class <b>Regular (Car)</b>		
Do you wear corrective lenses for driving?	<b>No</b>	
Do you have any physical disability, other than vision, which may affect your driving?	<b>No</b>	
Do you possess a valid non-U.S. driver license?	<b>No</b>	
Do you possess a valid U.S. driver license?	<b>No</b>	
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?		
Please submit the following documents to accompany your application.		
<b>Document</b>	<b>Condition</b>	
Photographs (2), facial view, 1.5" x 1.5" <i>Do not staple on face</i>	Document must be submitted	
<a href="#">Driver License Test Form</a> filled out at a local DMV	Document must be submitted	
<a href="#">Photograph and Signature Card</a>	Document must be submitted	

Done Internet

Click this link to open and print your Driver License Test Form.

See Figure 6.5-9 – Driver License Test Form.

**Figure 6.5-8 – Submission Receipt for Driver License**



# U.S. Department of State

## Office of Foreign Missions

View Form #5000029364 | View All Requested Services | Main Menu | Logoff

Transaction ID **5000029364**  
 Country **CANADA**  
 Status (Date) **SUBMITTED (01/04/2008)**  
 Created By (Date) **RAMSAYWHITEB (01/04/2008)**  
 Modified Date

<b>DRIVER LICENSE/Non-Driver ID</b>		License Type <b>Driver License</b>	Issue Type <b>Replacement</b>	
Mission (/sro/app/viewFormDS1872D_content.jsp) <b>EMBASSY OF CANADA ANNEX 0 WASHINGTON, DC 20001</b>				
I.D. Number <b>4006-2963</b>	Name <b>POWELL, JONATHAN</b>			
Address <b>980 BRAMLEIGH LANE ANNAPOLIS, MD 21401</b>		Birth Date <b>JUL07/1960</b>	Height <b>5' 6"</b>	Weight (lbs) <b>175</b>
Vehicle Class		<b>Regular and Motorcycle</b>		
Do you wear corrective lenses for driving?				<b>No</b>
Do you have any physical disability, other than vision, which may affect your driving?				<b>No</b>
Do you possess a valid non-U.S. driver license?				<b>No</b>
Do you possess a valid U.S. driver license?				<b>Yes</b>
State of License <b>United States</b>		Expiration Date <b>Sep/30/2010</b>	License # <b>40062963</b>	
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?				<b>No</b>

Please submit the following documents to accompany your application.

Document	Condition
Photograph and Signature Card	Document must be submitted
Mission letter or police report	If replacement is due to lost or stolen license
Form DS-2006 OR photocopy of current license	If replacement is due to address change

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



United States Department of State  
**DRIVER LICENSE SUPPLEMENTAL FORM**

*Driver License*  
 PID:  
 Country:  
 Transaction ID:

**This space is reserved for certifying Motor  
 Vehicle Authority Use Only**

**Test Results**

**Vision Test Results:**

Left 20/	
Right 20/	
Both 20/	
Peripheral Vision	
<input type="checkbox"/> With Lenses	<input type="checkbox"/> Without Lenses

**Written/Legal Test:      Car      Motorcycle**

Passing Score		
Passing Date		

**Road/Skills Test:      Car      Motorcycle**

Passing Score		
Passing Date		

**Examiner Signature and Date:**

Signature:
Date:
Telephone Number:
City:
County:
State:

*MVA Stamp Here:*

**Personal Information:**

SFDG, ASDF  
 102 EYE BOULEVARD  
 WASHINGTON, DC 20008  
 PID: 1000-9999    DOB: 01/02/1951  
 Height: 5' 10"    Weight: 220 lbs  
 License Type: Original

**Vehicle Class:**

<input checked="" type="checkbox"/> C - Regular License
<input checked="" type="checkbox"/> M - Motorcycle
<input type="checkbox"/> A - Commercial

**Testing Requirement(s):**

<input checked="" type="checkbox"/> Vision
<input type="checkbox"/> Written/Legal/Law Test
<input type="checkbox"/> Road/Skills Test

*Attach photo(s) here:*

*Signature:*

**Figure 6.5-9 – Driver License Test Form**

***\*This form must be taken to the local DMV for certification of tests.\****