

# 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**


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

*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

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

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
<a href="#">Photograph and Signature Card</a>	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](mailto: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**

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

**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 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

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

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**

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

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

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

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

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://ofmntsorw1:7010/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

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

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**

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

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 Search Favorites Media

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 Search Favorites Media

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

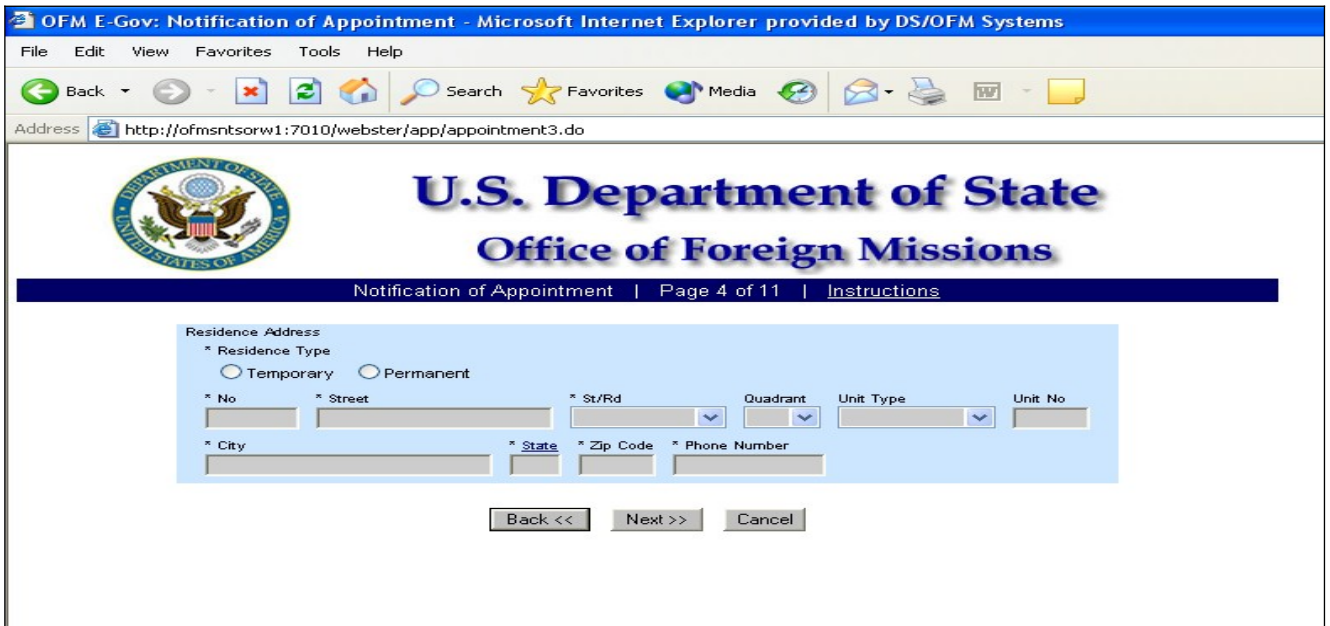
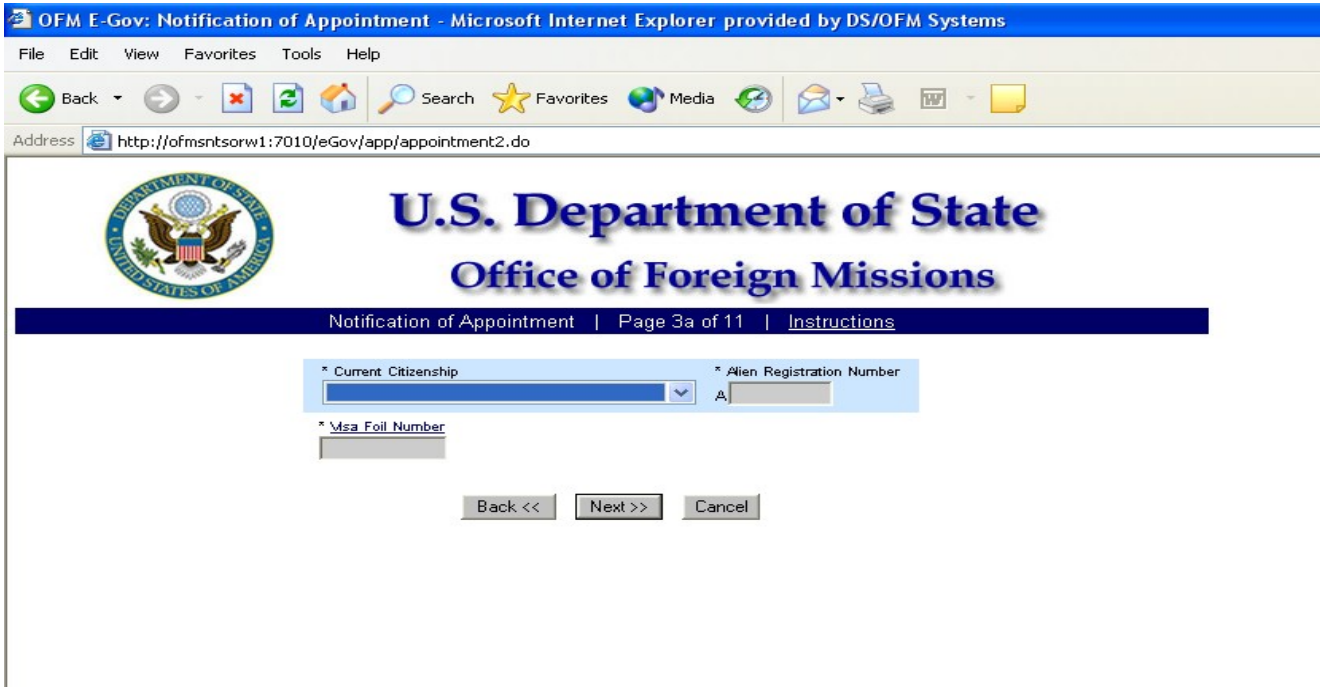


Figure 8.1-3 – Notification of Appointment Screen 4



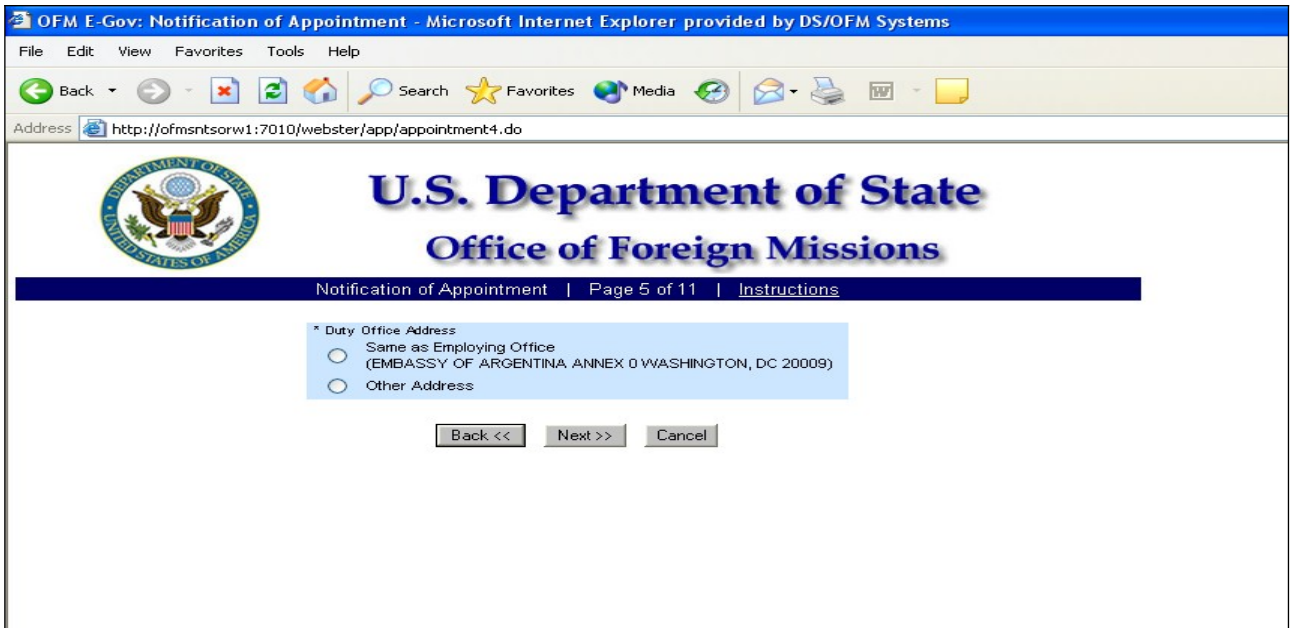
Figure 8.1-4 – Notification of Appointment Screen 3



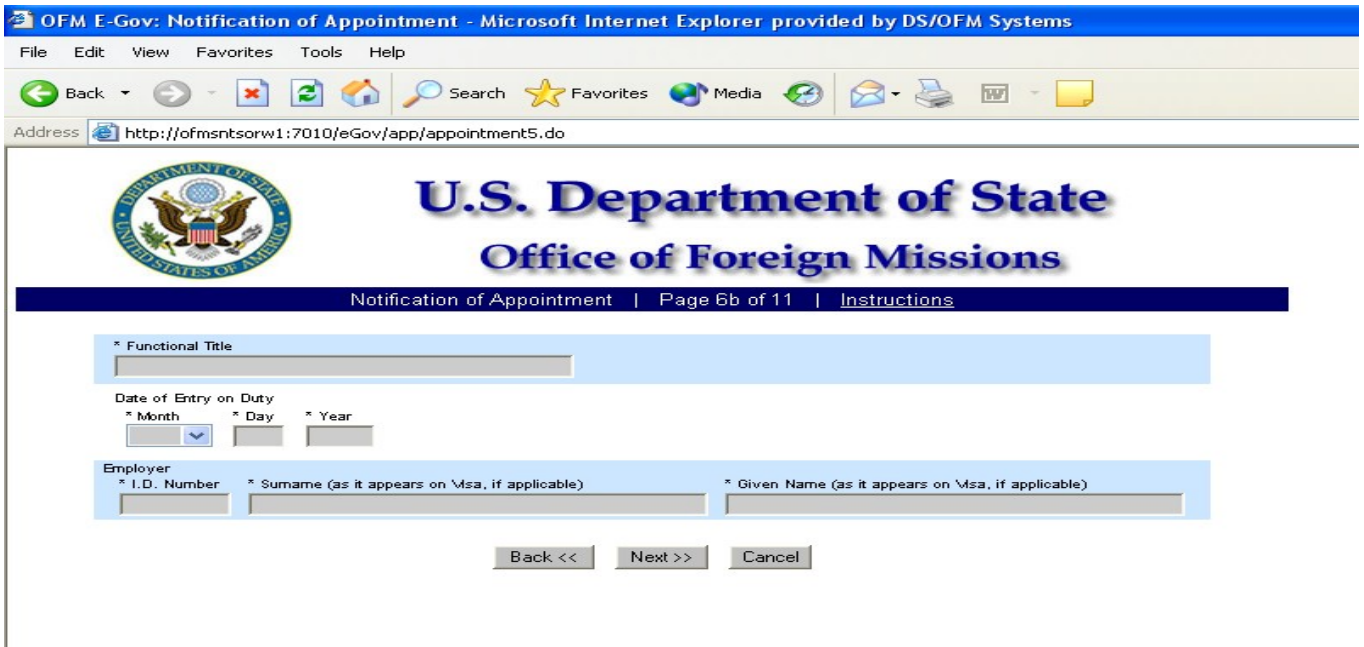
*Figure 8.1-5 – Notification of Appointment Screen 3a*



*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*

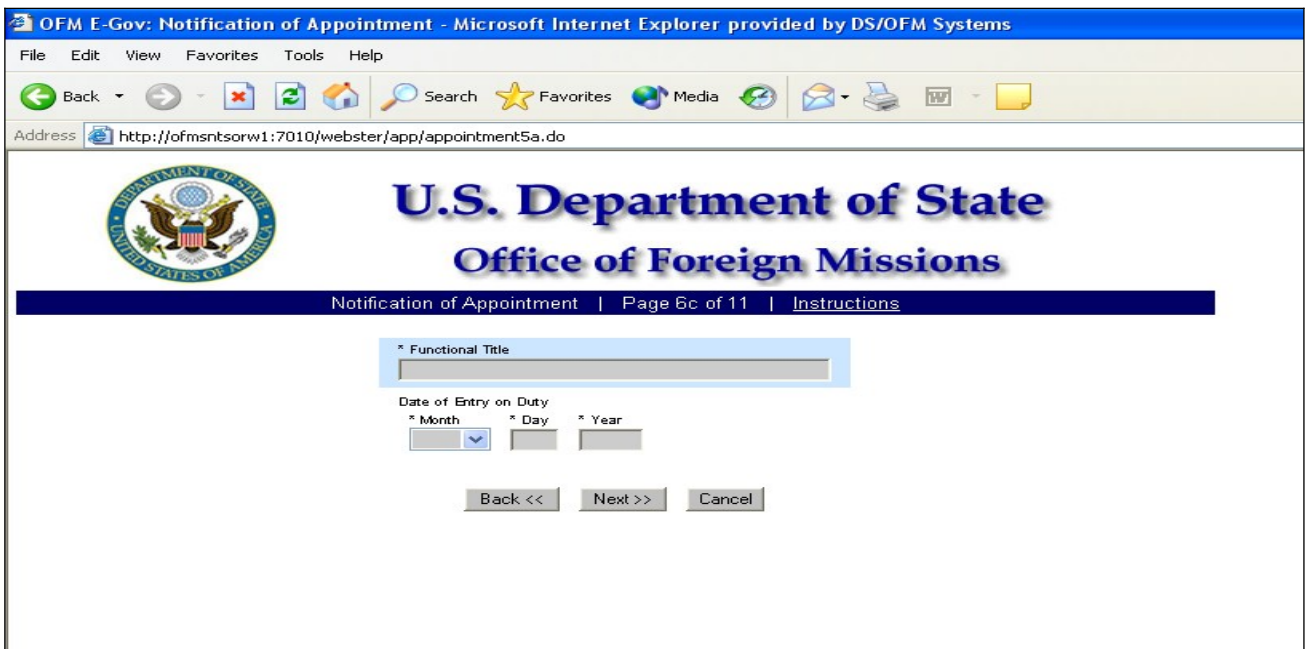


*Figure 8.1-9 – Notification of Appointment Screen 6*





*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

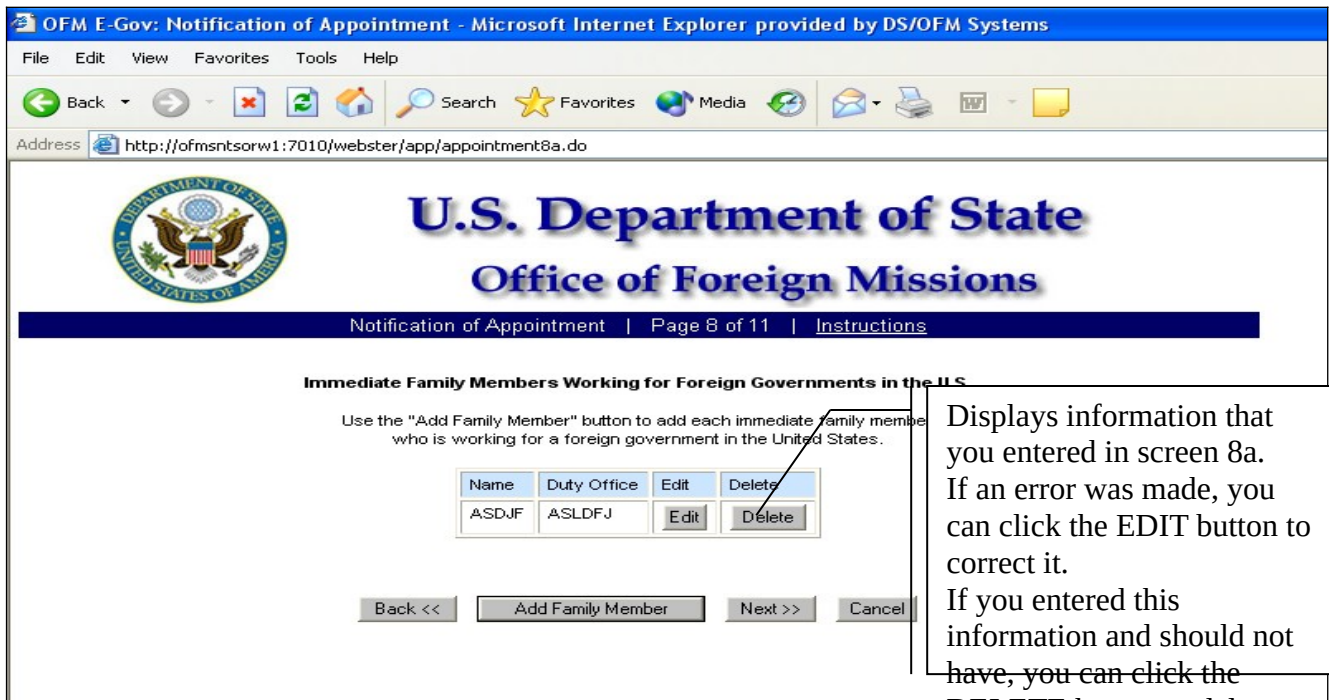


Figure 8.1-17a – Notification of Appointment Screen



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

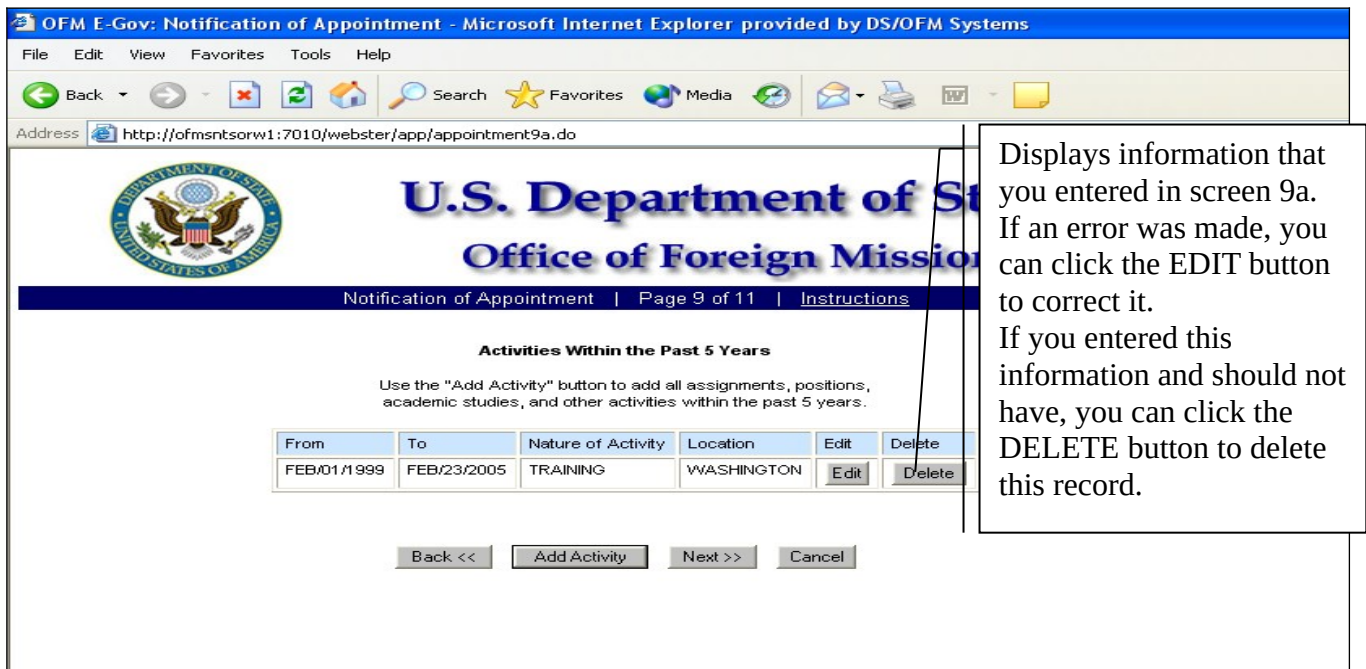


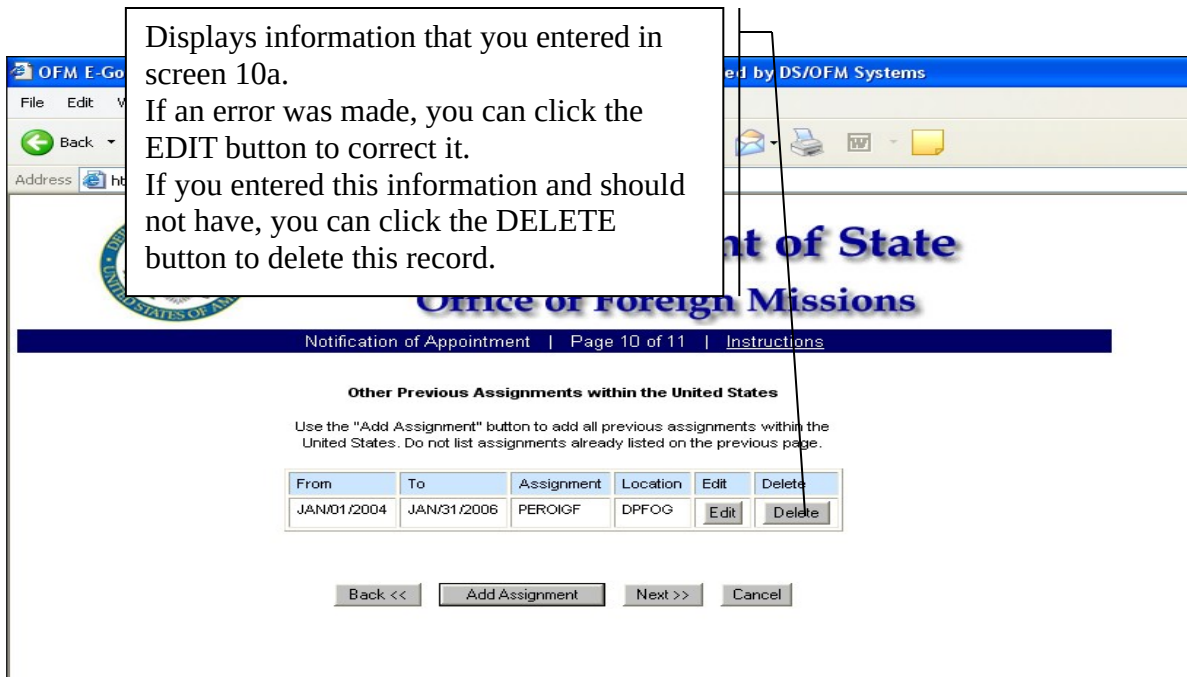
Figure 8.1-19b – Notification of Appointment Screen 9



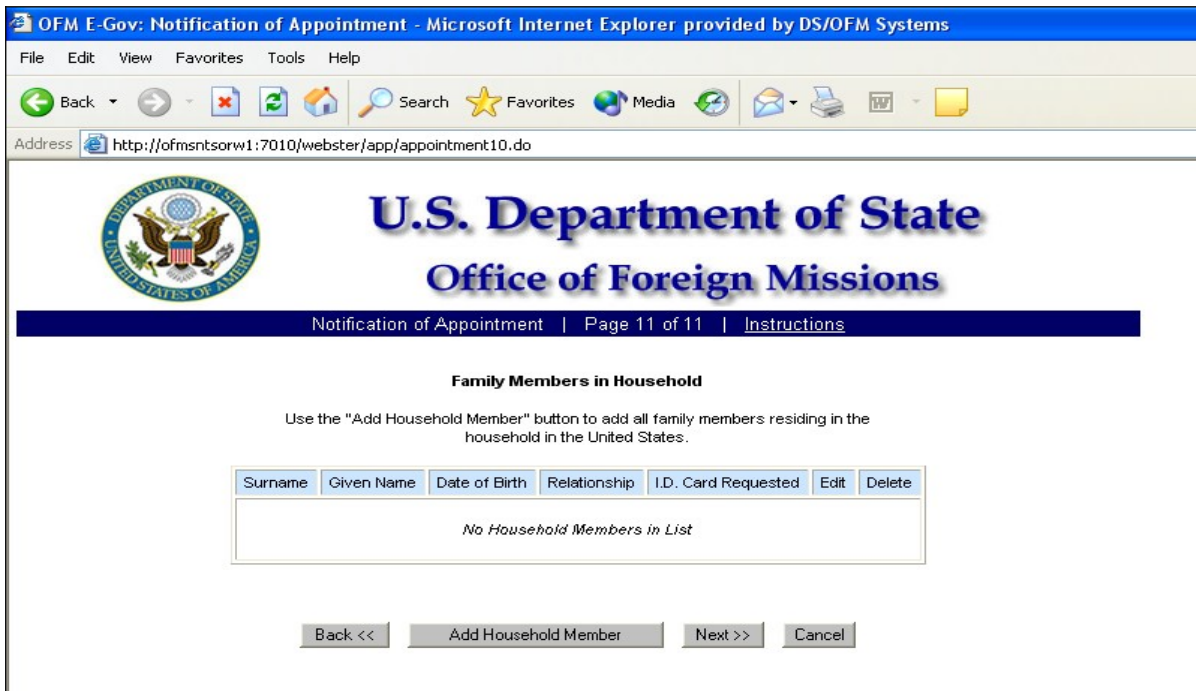
Figure 8.1-20 – Notification of Appointment Screen 10



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 Search Favorites Media

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 Search Favorites Media

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**

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


<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)

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

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
<a href="#">Photograph and Signature Card</a>	

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**

<b>APPOINTMENT (FG EMPLOYEE)</b>		Previously Assigned I.D. Number (viewFormDS2003_content)	<b>None/Unknown</b>	
Mission <b>EMBASSY OF CANADA ANNEX 0 WASHINGTON, DC 20001</b>		Type of Officer <b>Administrative and Technical Staff</b>		
Full Name <b>CORPORAL KEITH GORDON BEZANSON</b>				
Maiden Name		Sex <b>Male</b>	Abbreviated Name <b>BEZANSON, KEITH GORDON</b>	
Citizenship Status <b>Foreign National</b>		Birth Date <b>SEP/19/1958</b>		
Citizenship at Birth <b>CANADA</b>		Place of Birth <b>SYDNEY, CANADA</b>		
Citizenship <b>CANADA</b>	ID Cards Requested? <b>Yes</b>	Type of Passport <b>SPECIAL</b>	Visa Type <b>A-2</b>	Visa Foil Number <b>91049754</b>
<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 <b>JUL06/2008</b>	Manner of Entry <b>AUTO PERSONAL</b>		Port of Entry <b>BLAINE WASHINGTON</b>	
Residence Address <b>1909 N NELSON STREET ARLINGTON, VA 22207 (703) 469-1817</b>		Permanent	Duty Office Address <b>Same as Employing Office</b>	
Functional Title <b>LOGISTICS COORDINATOR</b>		Locally Engaged/Hired? <b>No</b>	Date of Entry on Duty <b>JUL/16/2008</b>	
Expected Date of Departure <b>JUL/11/2011</b>		Other Official Capacity <b>None</b>		
Predecessor				
I.D. Number <b>4006-2931</b>	Name <b>MCBEIGH, WILLIAM ROBERT</b>	Date of Termination (Mo/Day/Yr) <b>JUL/22/2008</b>	Job Title <b>LOGISTIC COORDINATOR</b>	
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 Forward Stop Home Search Favorites Media Print Mail

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**



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

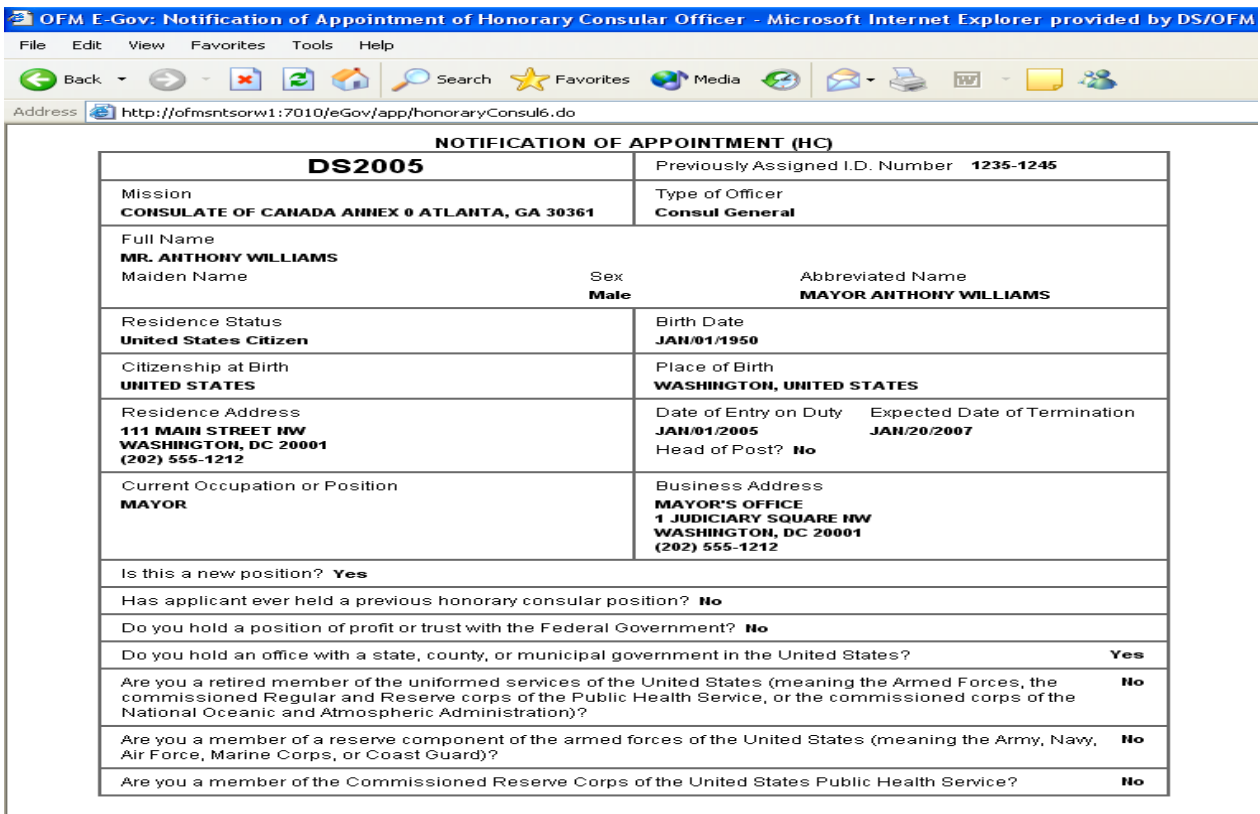



Figure 8.3-12 – Confirmation Page for Notification of Appointment (Honorary Consular Officer)

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://ofmsntsonw17010/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)**

<b>DS2005</b>	Previously Assigned I.D. Number <b>1235-1245</b>
Mission <b>CONSULATE OF CANADA ANNEX @ ATLANTA, GA 30361</b>	Type of Officer <b>Consul General</b>
Full Name <b>MR. ANTHONY WILLIAMS</b>	
Maiden Name	Sex <b>Male</b>
	Abbreviated Name <b>MAYOR ANTHONY WILLIAMS</b>
Residence Status <b>United States Citizen</b>	Birth Date <b>JAN01/1950</b>
Citizenship at Birth <b>UNITED STATES</b>	Place of Birth <b>WASHINGTON, UNITED STATES</b>
Residence Address <b>111 MAIN STREET NW WASHINGTON, DC 20001 (202) 555-1212</b>	Date of Entry on Duty <b>JAN01/2005</b>
	Expected Date of Termination <b>JAN20/2007</b>
	Head of Post? <b>No</b>
Current Occupation or Position <b>MAYOR</b>	Business Address <b>MAYOR'S OFFICE 1 JUDICIARY SQUARE NW WASHINGTON, DC 20001 (202) 555-1212</b>
Is this a new position? <b>Yes</b>	

Done

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

Address http://ofmsntsonw17010/eGov/app/honoraryConsulConfirm.do

Has applicant ever held a previous honorary consular position? <b>No</b>
Do you hold a position of profit or trust with the Federal Government? <b>No</b>
Do you hold an office with a state, county, or municipal government in the United States? <b>Yes</b>
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)? <b>No</b>
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)? <b>No</b>
Are you a member of the Commissioned Reserve Corps of the United States Public Health Service? <b>No</b>

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	
<a href="#">Photograph and Signature Card</a>	

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

**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**

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

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**

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

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**

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

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
<a href="#">5000000770</a>	DS1972D	DIPLOMAT	SUBMITTED	04/27/05	BALBOAR	04/27/05	X
<a href="#">5000000769</a>	DS2004	BISCONTI	SUBMITTED	04/22/05	BALBOAR	04/22/05	
<a href="#">5000000768</a>	DS2003	DI FRANCO	SUBMITTED	04/22/05	BALBOAR	04/22/05	
<a href="#">5000000767</a>	DS2003	GIACIMO	SUBMITTED	04/22/05	BALBOAR	04/22/05	
<a href="#">5000000559</a>	DS2003		ACCEPTED	11/30/04	WEBSTER	11/30/04	
<a href="#">5000000485</a>	DS2008		REJECTED	09/27/04	DIMARZIOE	09/27/04	X
<a href="#">5000000481</a>	DS99		SUBMITTED	09/21/04	DIMARZIOE	09/21/04	
<a href="#">5000000480</a>	DS99		SUBMITTED	09/21/04	DIMARZIOE	09/21/04	
<a href="#">5000000479</a>	DS99		SUBMITTED	09/21/04	DIMARZIOE	09/21/04	
<a href="#">5000000477</a>	DS101		ACCEPTED	09/16/04	DIMARZIOE	09/16/04	X
<a href="#">5000000475</a>	DS100		ACCEPTED	09/16/04	DIMARZIOE	09/16/04	X
<a href="#">5000000469</a>	DS101		ACCEPTED	09/15/04	DIMARZIOE	09/15/04	X
<a href="#">5000000454</a>	DS101		ACCEPTED	09/13/04	DIMARZIOE	09/13/04	X
<a href="#">5000000314</a>	DS2003		REJECTED	08/13/04	DIMARZIOE	08/13/04	X
<a href="#">5000000311</a>	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:

<b>DS1972D</b>		License Type <b>Driver License</b>	Issue Type <b>Original</b>
Mission <b>EMBASSY OF ITALY ANNEX # WASHINGTON, DC 20063</b>			
ID. Number <b>4234-5678</b>	Name <b>DIPLOMAT, FOREIGN</b>		
Address <b>2950 JOHN MARSHALL DRIVE ARLINGTON, VA 22207</b>	Birth Date <b>JAN 23 1972</b>	Height <b>5' 10"</b>	Weight (lbs) <b>180</b>
Vehicle Class			<b>Regular</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>

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
<a href="#">5000000772</a>	DS100	IT-E-DCDC-0	RETURNED TO MISSION	05/02/05	BALBOAR	05/02/05	X
<a href="#">5000000770</a>	DS1972D	DIPLOMAT	SUBMITTED	04/27/05	BALBOAR	04/27/05	X
<a href="#">5000000769</a>	DS2004	BISCONTI	SUBMITTED	04/22/05	BALBOAR	04/22/05	
<a href="#">5000000768</a>	DS2003	DI FRANCO	SUBMITTED	04/22/05	BALBOAR	04/22/05	
<a href="#">5000000767</a>	DS2003	GIACIMO	SUBMITTED	04/22/05	BALBOAR	04/22/05	
<a href="#">5000000559</a>	DS2003		ACCEPTED	11/30/04	WEBSTER	11/30/04	
<a href="#">5000000485</a>	DS2008		REJECTED	09/27/04	DIMARZIOE	09/27/04	X
<a href="#">5000000481</a>	DS99		SUBMITTED	09/21/04	DIMARZIOE	09/21/04	
<a href="#">5000000480</a>	DS99		SUBMITTED	09/21/04	DIMARZIOE	09/21/04	
<a href="#">5000000479</a>	DS99		SUBMITTED	09/21/04	DIMARZIOE	09/21/04	
<a href="#">5000000477</a>	DS101		ACCEPTED	09/16/04	DIMARZIOE	09/16/04	X
<a href="#">5000000475</a>	DS100		ACCEPTED	09/16/04	DIMARZIOE	09/16/04	X
<a href="#">5000000469</a>	DS101		ACCEPTED	09/15/04	DIMARZIOE	09/15/04	X
<a href="#">5000000454</a>	DS101		ACCEPTED	09/13/04	DIMARZIOE	09/13/04	X
<a href="#">5000000314</a>	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		* Make	* Model	* Ownership Type
<input type="text" value="12123456545654565456"/>		<input type="text" value="FORD"/>	<input type="text" value="TAURUS"/>	<input type="radio"/> Lien
* Body	* Year	Weight (lbs)	* Odometer (mi)	<input type="radio"/> Lease
<input type="text" value="4D"/>	<input type="text" value="1995"/>	<input type="text" value="8000"/>	<input type="text" value="120000"/>	<input checked="" type="radio"/> Owned
		* Color		
		<input type="text" value="WHITE"/>		

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	<input type="text" value="USAA"/>	
* Address Line 1	<input type="text" value="123 MAIN STREET"/>	
Address Line 2	<input type="text"/>	
* City	* State	* Zip Code
<input type="text" value="DALLAS"/>	<input type="text" value="TX"/>	<input type="text" value="23054"/>
* Phone Number	<input type="text" value="(202) 895-3529"/>	

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	<input type="text" value="USAA"/>	
* Address Line 1	<input type="text" value="123 MAIN STREET"/>	
Address Line 2	<input type="text"/>	
* City	* State	* Zip Code
<input type="text" value="DALLAS"/>	<input type="text" value="TX"/>	<input type="text" value="12345"/>
* Phone Number	<input type="text" value="(202) 895-3529"/>	

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

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.

**Figure 10-10 – Confirmation Page**



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

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

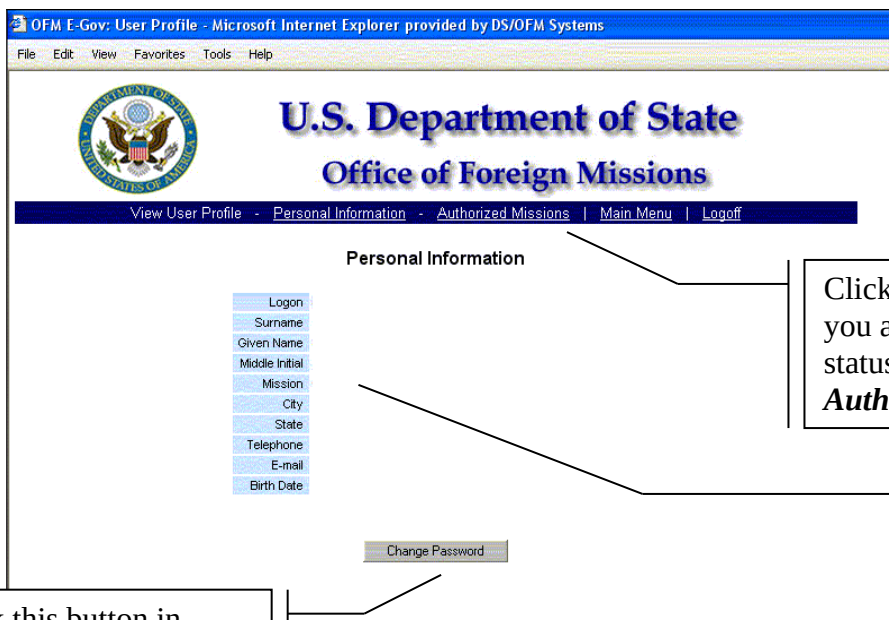
Add a remark

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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**Office of Foreign Missions**

[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*