

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 web browser window titled "OFM E-Gov: Application for Tax Exemption Card - Microsoft Internet Explorer provided by DS/OFM Systems". The address bar shows the URL: <http://ofmsntsorw1:7010/webster/app/selectForm.do?selectedForm=DS1972T>. The page features the U.S. Department of State logo and the text "U.S. Department of State Office of Foreign Missions". Below this, 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 the same web browser window, now on "Page 2 of 2". The address bar shows the URL: <http://ofmsntsorw1:7010/eGov/app/taxCard1.do>. The page features the U.S. Department of State logo and the text "U.S. Department of State Office of Foreign Missions". Below this, 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)" fields; "Date of Birth" section with "Month", "Day", and "Year" dropdowns; and "Expected Departure Date" section with "Month", "Day", and "Year" dropdowns. At the bottom of the form are "Back <<", "Next >>", and "Cancel" buttons.

Figure 7.1-2 – Tax Exemption Card Screen 2

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

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print Mail

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

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



U.S. Department of State Office of Foreign Missions

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

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

APPLICATION FOR SALES TAX CARD

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

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

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

File Edit View Favorites Tools Help

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



U.S. Department of State Office of Foreign Missions

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

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

APPLICATION FOR SALES TAX CARD

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

Please submit the following documents to accompany your application.

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

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

Done Internet

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

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


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

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print Mail

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

Google Search PageRank 228 blocked Check AutoLink AutoFill Options

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

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

* Mission
[Dropdown]

* Account Type
 Mission Personal

Applicant/Point of Contact

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

Birth Date
* Month * Day * Year

Address (Enter Mission address if mission account)

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

* City * County * State * Zip Code

Next >> Cancel

Figure 7.2-1 – Exemption from Utilities Taxes Screen 1

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

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print Mail

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

Google Search PageRank 228 blocked Check AutoLink AutoFill Options

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

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

* Utility Type
[Dropdown]

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

Select Utility Type [Dropdown]

* Account Number
[Text Box]

Back << Next >> Cancel

Figure 7.2-2 – Exemption from Utilities Taxes Screen 2

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

File Edit View Favorites Tools Help

Back Search Favorites Media

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

Google Search PageRank 228 blocked Check Look for Map AutoFill Options



U.S. Department of State Office of Foreign Missions

Application for Utility Tax Exemption | Confirmation Page | Instructions

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

APPLICATION FOR UTILITY TAX EXEMPTION

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

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

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

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media RSS Print Mail

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

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



U.S. Department of State Office of Foreign Missions

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

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

APPLICATION FOR UTILITY TAX EXEMPTION

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

No supporting documents are required for this application.

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

Remarks

Done

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

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



U.S. Department of State

Office of Foreign Missions

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

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

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

No supporting documents are required for this application.

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

(Reference to form number removed)

7.3 – Applying for Exemption from Gasoline Taxes

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

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

U.S. Department of State
Office of Foreign Missions

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

* Mission

* Account Type
 Mission Personal

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

Birth Date
 * Month * Day * Year

* Gasoline Company Name

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

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

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

U.S. Department of State
Office of Foreign Missions

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

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

APPLICATION FOR GASOLINE TAX EXEMPTION

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

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

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

Please submit the following documents to accompany your application.

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

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

Remarks

Done

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

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



U.S. Department of State

Office of Foreign Missions

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

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

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

Please submit the following documents to accompany your application.

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

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

(reference to form number removed)

- AND -

8.2 - Applying for Notification of Appointment for

8 – Applying for Protocol Services

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

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

File Edit View Favorites Tools Help

Back 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

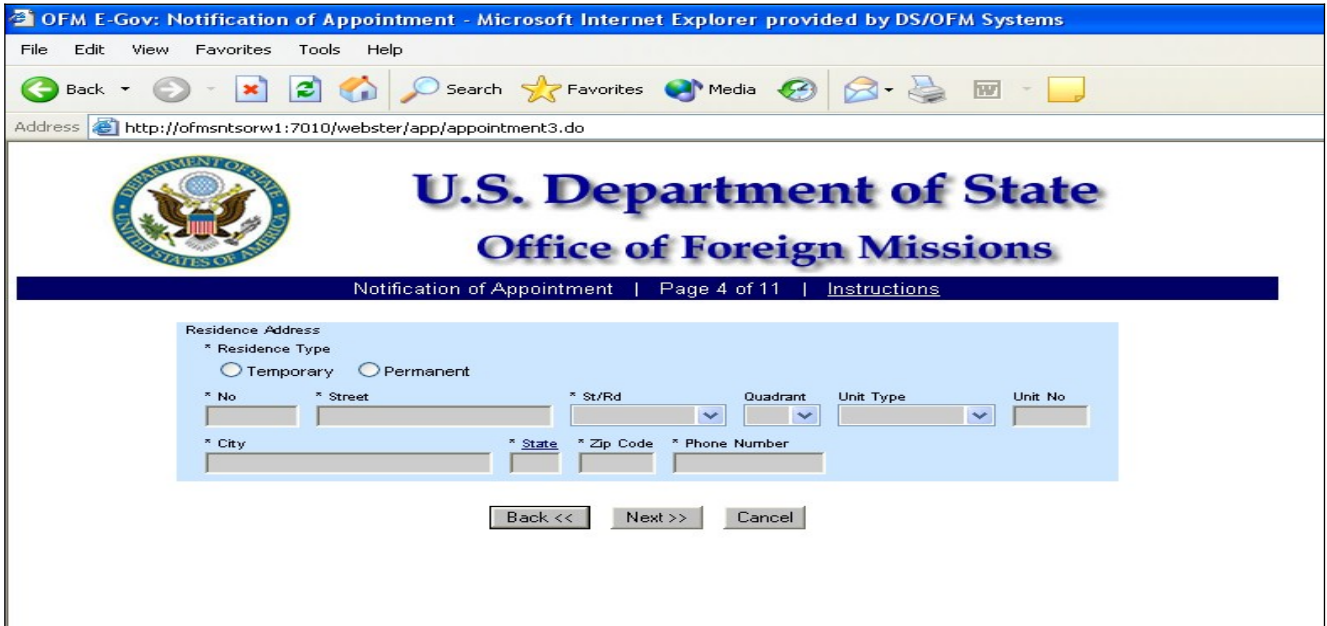


Figure 8.1-3 – Notification of Appointment Screen 4



Figure 8.1-4 – Notification of Appointment Screen 3

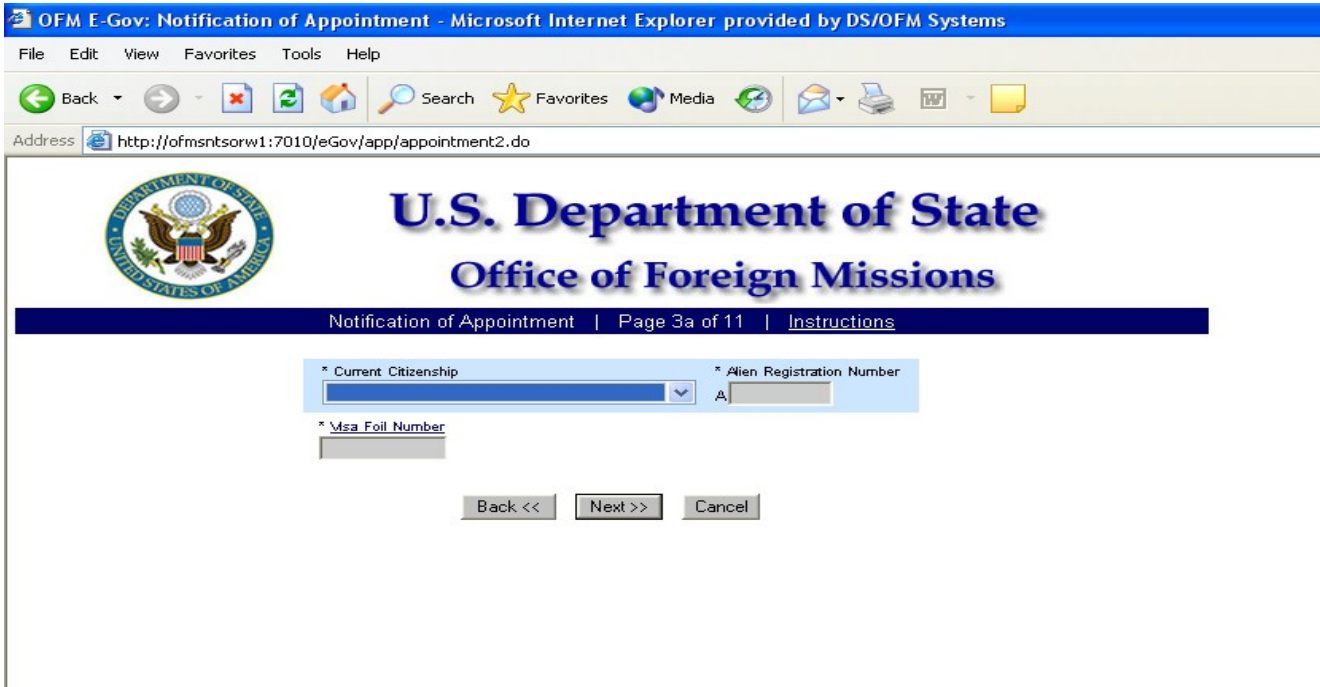


Figure 8.1-5 – Notification of Appointment Screen 3a



Figure 8.1-6 – Notification of Appointment Screen 3b

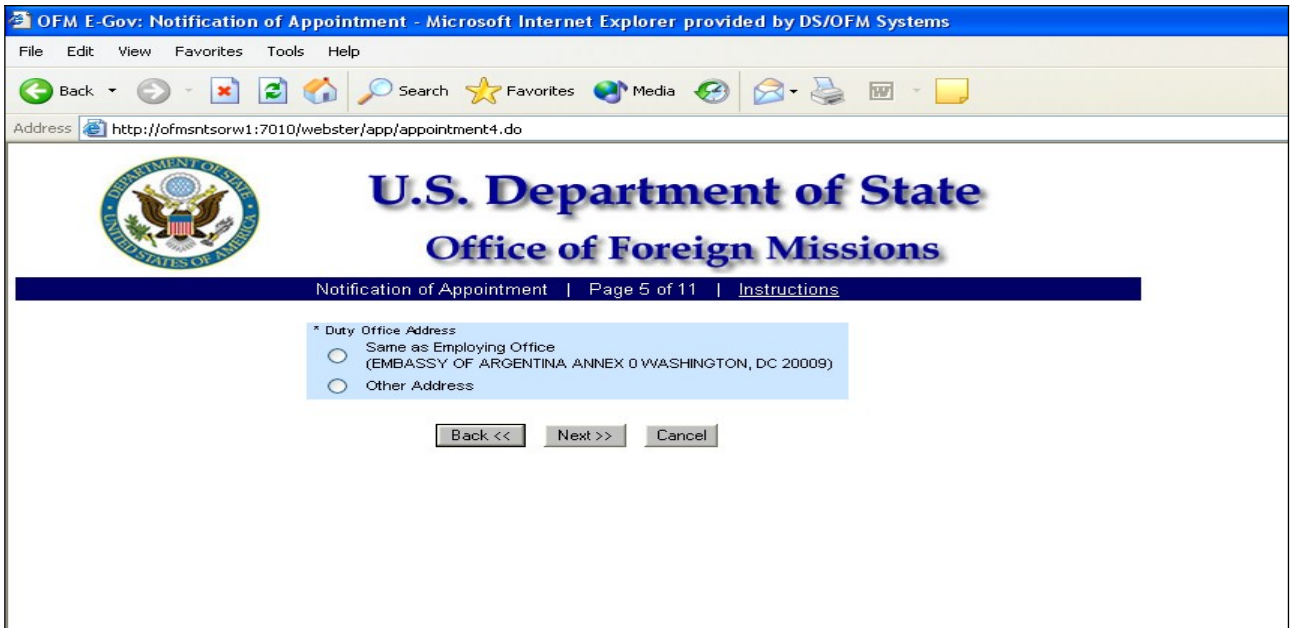


Figure 8.1-7 – Notification of Appointment Screen 5

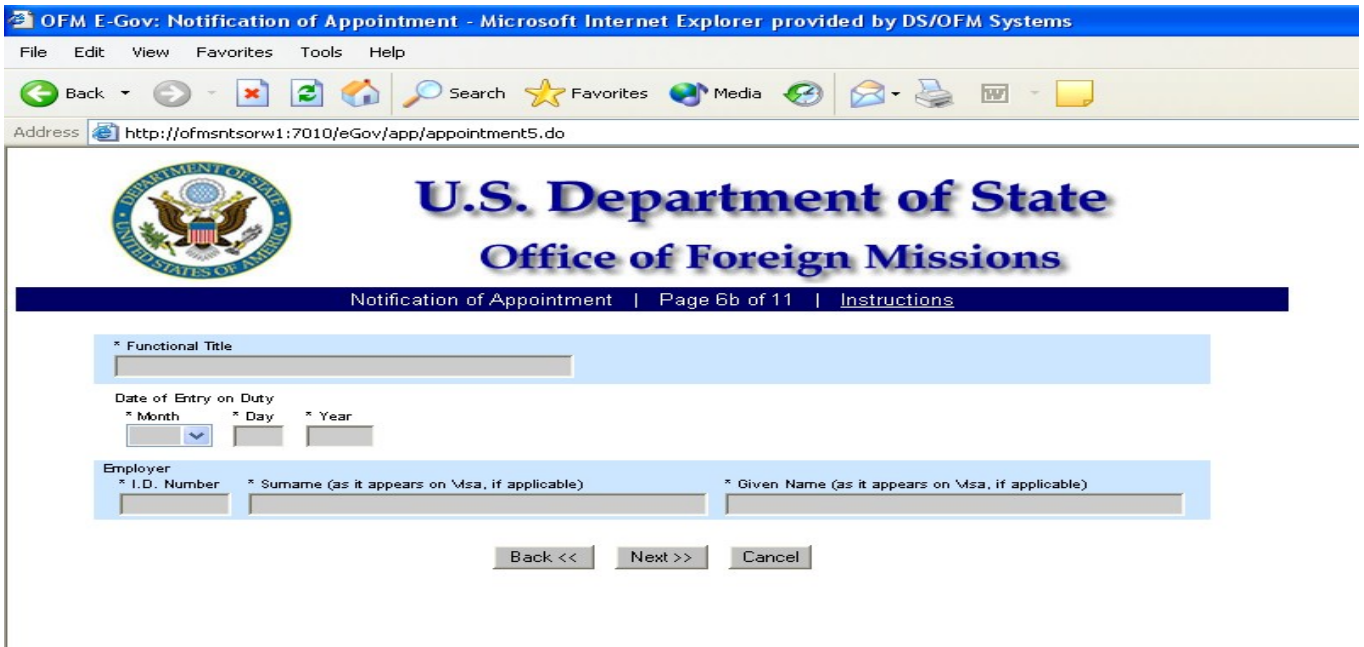


Figure 8.1-11 – Notification of Appointment Screen 6b



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

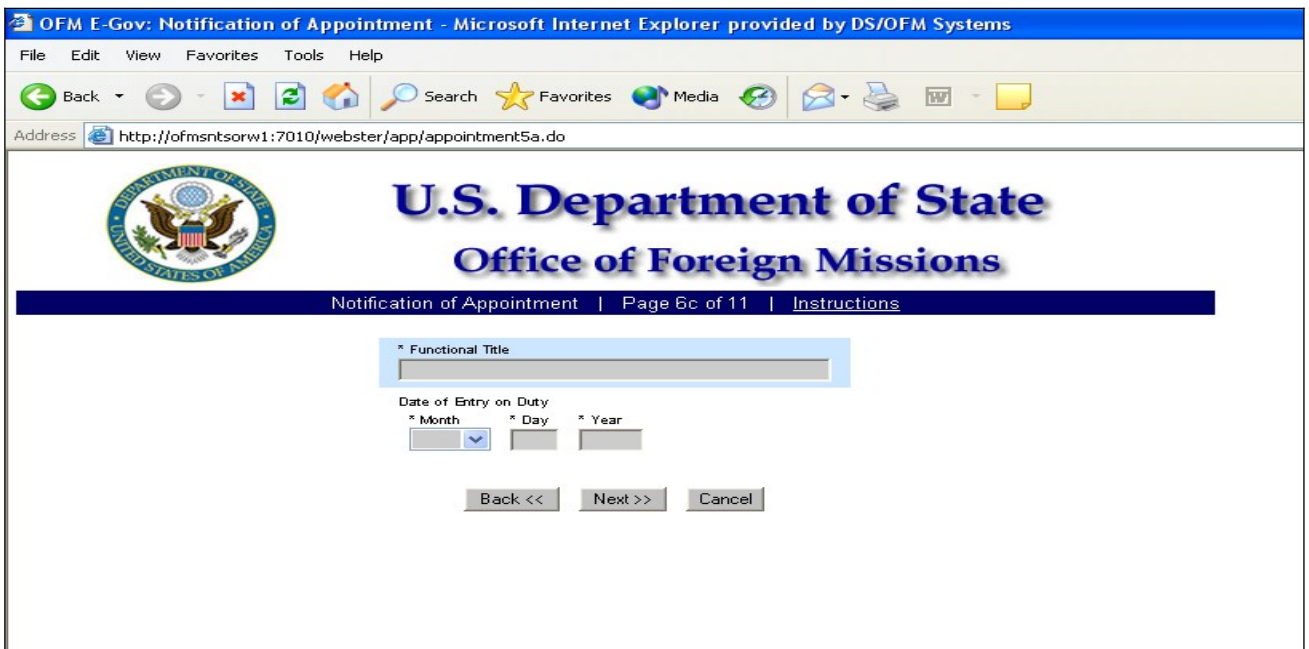


Figure 8.1-12 – Notification of Appointment Screen 6c



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

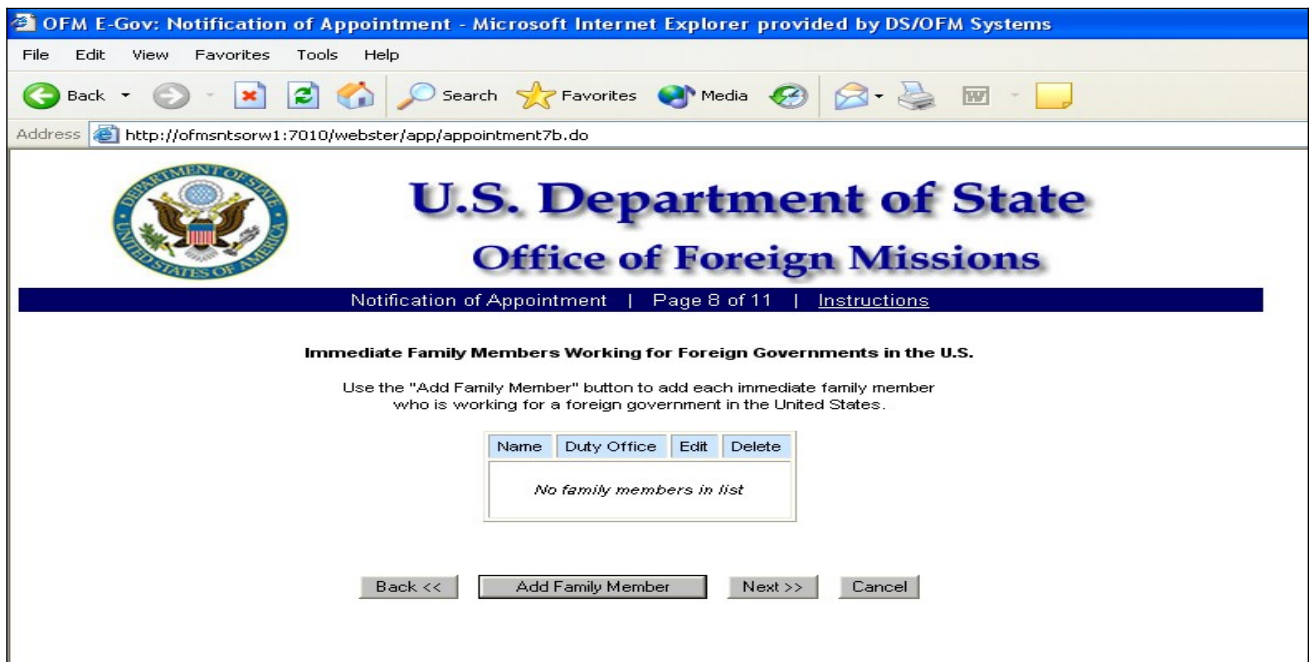


Figure 8.1-16 – Notification of Appointment Screen 8



Figure 8.1-17 – Notification of Appointment Screen 8a

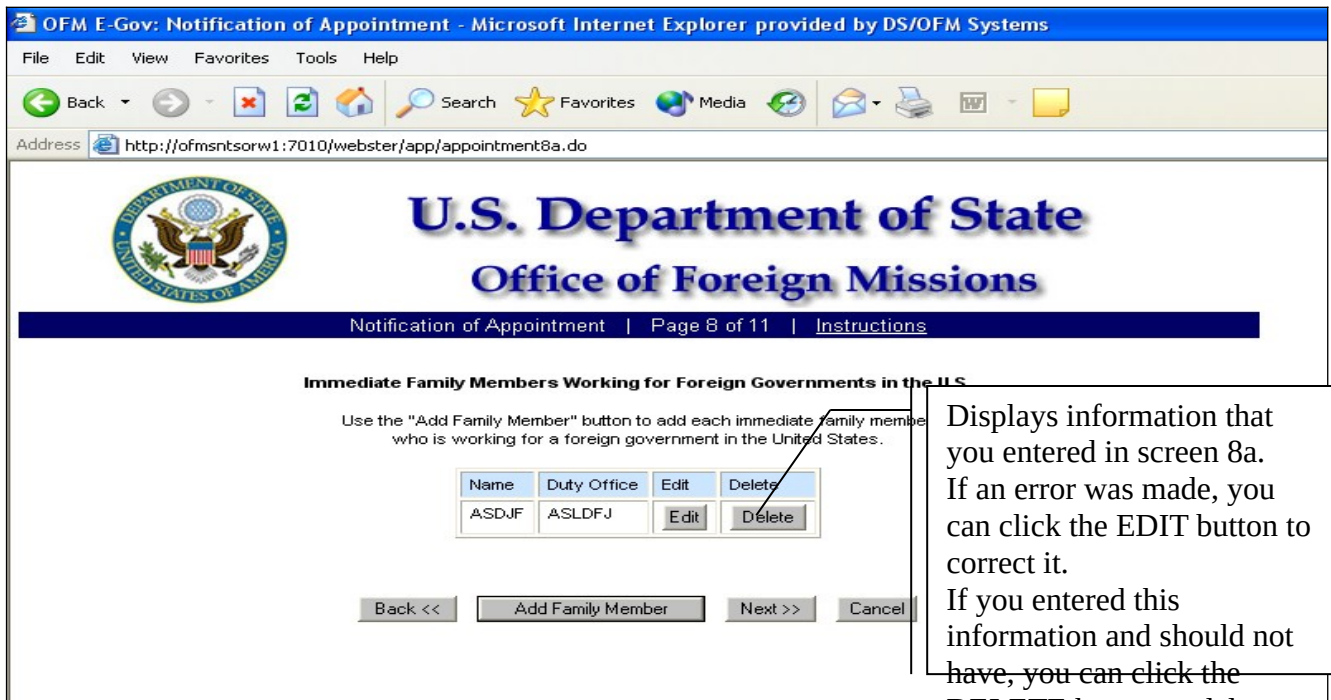


Figure 8.1-17a – Notification of Appointment Screen



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

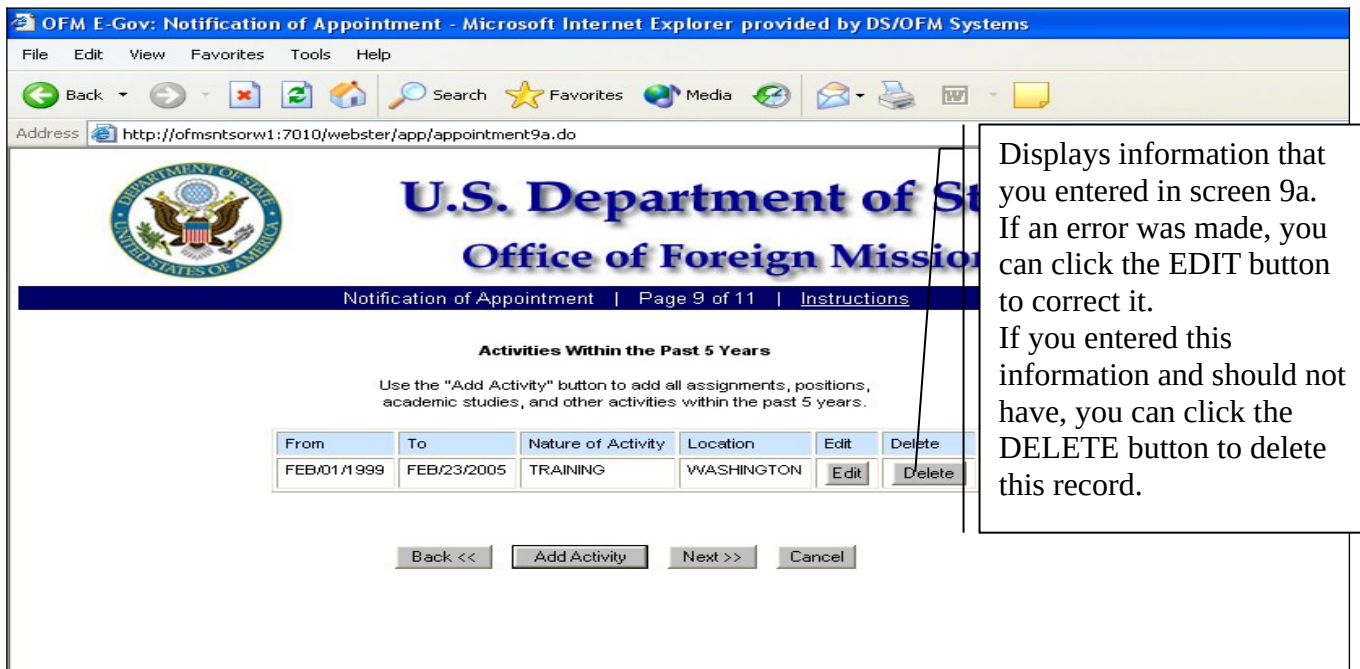


Figure 8.1-19b – Notification of Appointment Screen 9



Figure 8.1-20 – Notification of Appointment Screen 10



Figure 8.1-21 – Notification of Appointment Screen 10a

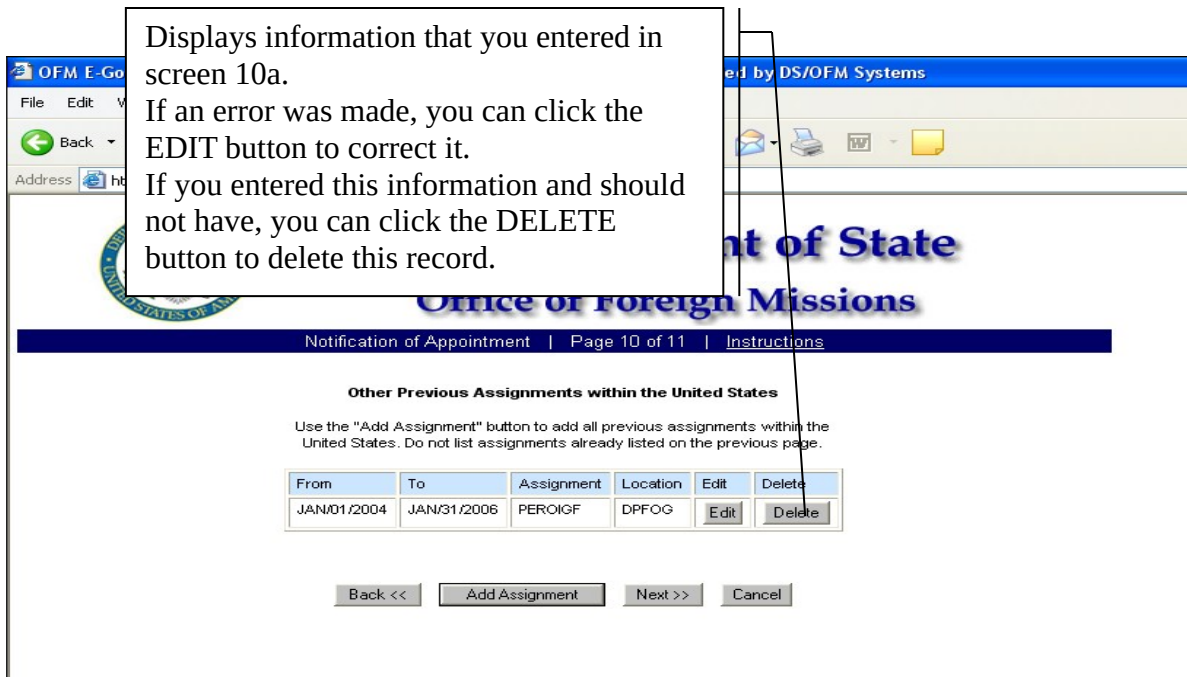


Figure 8.1-21a – Notification of Appointment Screen 10

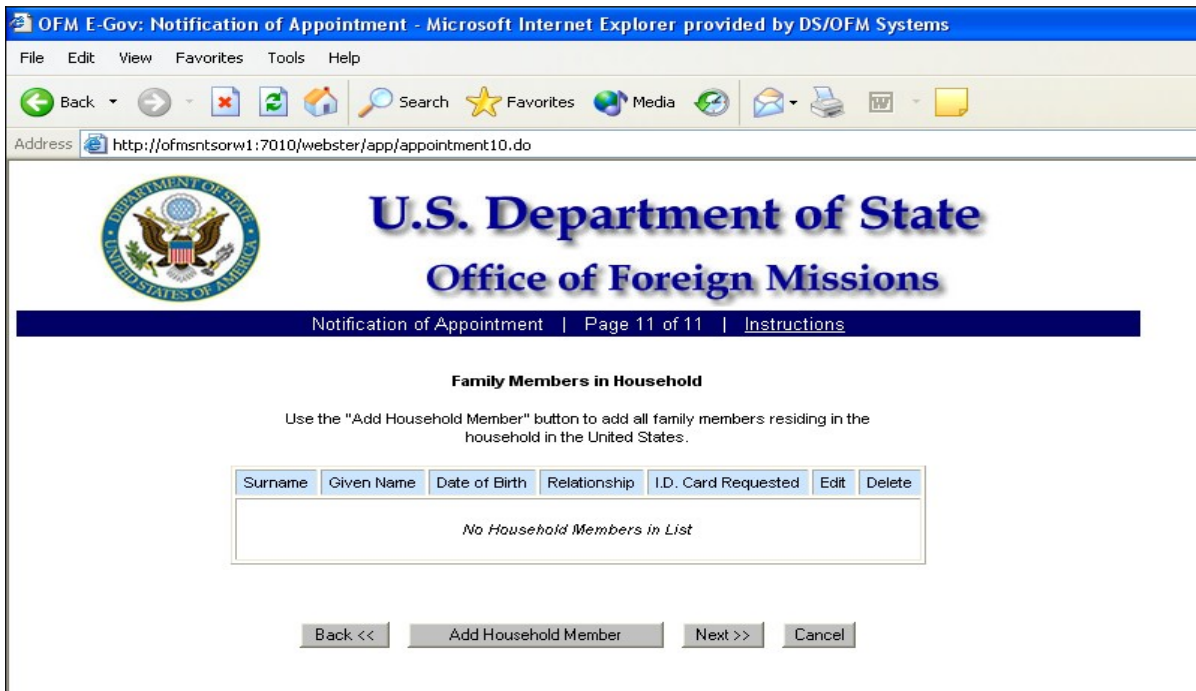


Figure 8.1-22 – Notification of Appointment Screen 11

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

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites Media Print Mail

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



U.S. Department of State Office of Foreign Missions

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

Please fill out details about the family member below.

Full Name

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

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

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

Birth Date

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

Place of Birth

* City * Country

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

I.D. Number (if previously assigned)

Figure 8.1-23 – Notification of Appointment Screen 11a

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

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites Media Print Mail

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



U.S. Department of State Office of Foreign Missions

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

Family Members in Household

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

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

Displays information that you entered on screen 11a.

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

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



U.S. Department of State

Office of Foreign Missions

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

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

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


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

10/23/2008

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

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

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



U.S. Department of State Office of Foreign Missions

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

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

NOTIFICATION OF APPOINTMENT (DIPLOMAT)

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

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

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

Remarks

No remarks on file

Add a remark

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



U.S. Department of State

Office of Foreign Missions

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

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

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

(Reference to form number removed)

8.3 - Applying for Notification of Appointment for Honorary Consular Officer

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

File Edit View Favorites Tools Help

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

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

* Mission
[Dropdown menu]

* Type of Officer

Consul General
 Consul
 Vice Consul
 Consular Agent

Next >> Cancel

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

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 \vsa, if applicable) [Text field] * Given (as it appears on \vsa, if applicable) [Text field]

* Prefix or Rank [Dropdown menu] Suffix [Dropdown menu] * Name as it will appear on documents [Text field]

Birth Date

* Month [Dropdown menu] * Day [Text field] * Year [Text field] * Sex Male Female

* Residence Status United States Citizen Permanent Resident Alien

Place of Birth

* City [Text field] * Country [Dropdown menu]

* Citizenship at Birth [Dropdown menu]

I.D. Number (if previously assigned) [Text field]

Back << Next >> Cancel

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

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

File Edit View Favorites Tools Help



U.S. Department of State Office of Foreign Missions

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

* Current Citizenship * Alien Registration Number A)

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

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

File Edit View Favorites Tools Help



U.S. Department of State Office of Foreign Missions

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

Residence Address

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| * No | * Street | * St/Rd | Quadrant | Unit Type | Unit No |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| * City | | * State | * Zip Code | * Phone Number | |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> | |

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

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

File Edit View Favorites Tools Help



U.S. Department of State Office of Foreign Missions

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

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

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

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

Yes No
 Yes No
 Yes No

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

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

File Edit View Favorites Tools Help



U.S. Department of State Office of Foreign Missions

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

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

Date From **Date To**

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

* Title

* Country

* Location

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

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

File Edit View Favorites Tools Help

Back Search Favorites Media

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



U.S. Department of State Office of Foreign Missions

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

Predecessor

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

Date of Termination

* Month * Day * Year

* Predecessor's Job Title

Diplomatic Title

Functional Title

Back << Next >> Cancel

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

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

File Edit View Favorites Tools Help



U.S. Department of State Office of Foreign Missions

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

* Current Occupation or Position

Business Address

* Name of Office

* Address Line 1

Address Line 2

* City * State * Zip Code * Phone Number

Back << Next >> Cancel

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

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

File Edit View Favorites Tools Help



U.S. Department of State Office of Foreign Missions

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

* Please answer each of the questions below.

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

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

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

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

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

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

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

File Edit View Favorites Tools Help



U.S. Department of State Office of Foreign Missions

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

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

* Branch of Government

* Position Held

* Description of Duties

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

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

File Edit View Favorites Tools Help



U.S. Department of State Office of Foreign Missions

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

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

* Branch of Service

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

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

File Edit View Favorites Tools Help

Back Search Favorites Media

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

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


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

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

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print Mail

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



U.S. Department of State

Office of Foreign Missions

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

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

NOTIFICATION OF APPOINTMENT (HC)

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

Done

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

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

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

Please submit the following documents to accompany your application.

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

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

Remarks

No remarks on file

Add a remark

Done

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

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

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

U.S. Department of State
Office of Foreign Missions

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

* Mission

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

Date of Birth
 * Month * Day * Year

* Position to Terminate
 Job Title

Functional Title

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

Figure 8.4-1 – Notification of Termination Screen 1

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

File Edit View Favorites Tools Help

Back Search Favorites Media

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

U.S. Department of State
Office of Foreign Missions

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

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

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

Figure 8.4-2 – Confirmation Page for Notification of Termination

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

File Edit View Favorites Tools Help

Back Search Favorites Media

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



U.S. Department of State Office of Foreign Missions

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

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

NOTIFICATION OF TERMINATION

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

Please submit the following documents to accompany your application.

| Document | Condition |
|-----------------------|-----------|
| Surrendered Documents | |

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

Remarks

Done

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

Figure 8.4-3 – Submission Receipt for Notification of Termination



U.S. Department of State

Office of Foreign Missions

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

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

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

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

| Document | Condition |
|-----------------------|----------------------------|
| Surrendered Documents | Document must be submitted |

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

(Reference to form number removed)



U.S. Department of State

Office of Foreign Missions

View Form #5000044340 | [View All Requested Services](#) | [Main Menu](#) | [Logoff](#)

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

NOTIFICATION OF CHANGE (ID CARD)

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

| Document | Condition |
|--|-----------|
| No supporting documents are required for this application. | |

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

(Reference to form number removed)

9 - Viewing Your Submitted Forms



U.S. Department of State Office of Foreign Missions

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

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

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

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

Displays current status of submitted applications.

Displays Form Number of submitted application

Records 1 - 15 of 20
1 2 ▶

Figure 9-1 – View Submitted Forms

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



U.S. Department of State

Office of Foreign Missions

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

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

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

Please submit the following documents to accompany your application.

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

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

Remarks

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

Add a remark


Add Remark

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

Figure 9-2 – Submission Form

10 – Resubmit Returned Forms

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



U.S. Department of State
Office of Foreign Missions

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

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

Records 1 - 15 of 21

1 2 ▶

Figure 10-1 – Submitted Applications



U.S. Department of State

Office of Foreign Missions

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

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

[Edit Form](#)

Vehicle Registration

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

User initiates corrections by pressing the "Edit Form" Button

Please submit the following documents to accompany your application.

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

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

Remarks

INCORRECT POLICY NUMBER

Add a remark

[Add Remark](#)

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

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



U.S. Department of State Office of Foreign Missions

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

* Mission
 ▾

* Registration Type
 Mission Vehicle
 Personal Vehicle

Figure 10-3 – Page 1 Mission of Registration



U.S. Department of State Office of Foreign Missions

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

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

Date of Birth
 Month Day Year

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

Date of Birth
 Month Day Year

Figure 10-4 – Page 1a Driver Information



U.S. Department of State Office of Foreign Missions

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

Address Where Vehicle is Principally Garaged

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

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



U.S. Department of State Office of Foreign Missions

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

| | | | | |
|---|----------------|----------------------|---------------------------|---|
| * Vehicle Identification Number 121234565456456456 | | * Make FORD | * Model TAURUS | * Ownership Type <input type="radio"/> Lien <input type="radio"/> Lease <input checked="" type="radio"/> Owned |
| * Body 4D | * Year 1995 | Weight (lbs) 8000 | * Odometer (mi) 120000 | * Color WHITE |

Back << Next >> Cancel

Figure 10-6 – Page 2 Vehicle Information



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

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

Back << Next >> Cancel

Figure 10-7 – Page 3 Insurance Company Information



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

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

Back << Next >> Cancel

Figure 10-8 – Page 3a Insurance Broker Information



U.S. Department of State Office of Foreign Missions

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

Insurance Policy

Beginning Date Expiration Date

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

123458-98-A JAN 1 2005 DEC 31 2005

* Insurance Coverage Type

P/A/P

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

\$ \$ \$

Combined Single Limit

Personal Injury and Property Damage Per Accident

\$3000000.00

Back << Next >> Cancel

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

Figure 10-9 – Page 4 Insurance Policy Information



U.S. Department of State Office of Foreign Missions

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

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

Vehicle Registration

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

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

Edit Form Submit Cancel

Figure 10-10 – Confirmation Page



U.S. Department of State

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

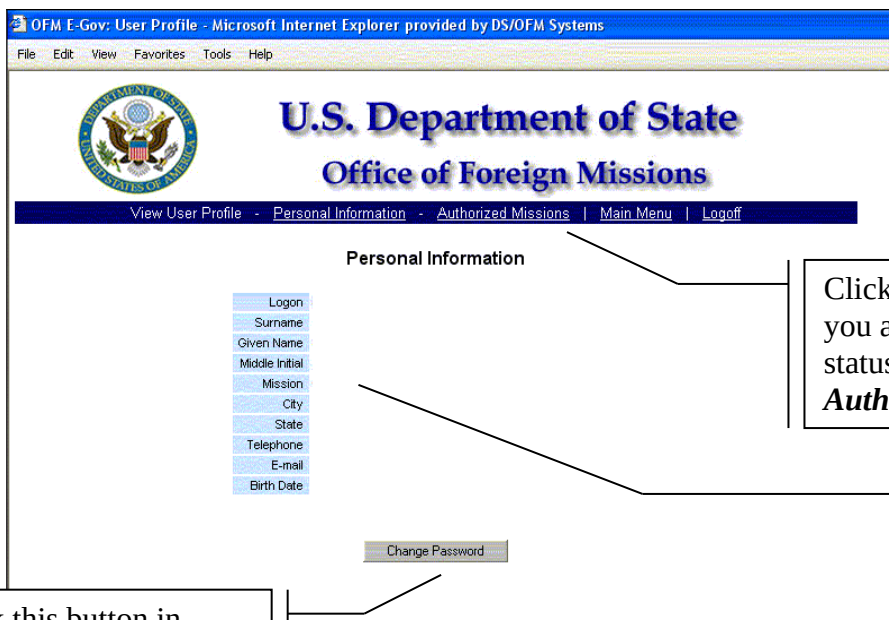
INCORRECT POLICY NUMBER

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



U.S. Department of State
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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Office of Foreign Missions

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

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