

# INSTRUCTIONS FOR COMPLETING FORM DS-2006, NOTIFICATION OF CHANGE/IDENTIFICATION CARD REQUEST

Read all instructions before completing this Notification of Change.

This form should be used: (1) to update information (or include information not previously provided) on the original notification form, e.g., DS-2003, DS-2004, DS-2005, or (2) to request identification cards in accordance with Part II below. Failure to provide the Office of Protocol with up-to-date information may delay the issuance of identification cards, tax exemption cards, customs clearances, drivers' licenses, license plates, etc.

## PLEASE TYPE ALL ANSWERS.

- 1** Enter the principal's full name as originally notified to the Department, in the order specified: (a) surname ; (b) given name
- 2** Enter the principal's State Department Personal Identification Number (PID), if available, 1001-1001.
- 3** Enter the principal's title as given on notification form. If no title, give position, include military rank if applicable.
- 4** Enter the principal's date of birth. Give date as:mm-dd-yyyy, e.g. 09-07-1955.
- 5** Enter country name of principal's mission, e.g. Ruritania; and type of mission, e.g., Embassy, OAS Mission, Consulate General, Honorary Consulate, Miscellaneous Foreign Government Office, etc.
- 6** Enter city and state where principal's mission or office is located.
- 7** For ID application only, enter principal's visa status in the United States in box, e.g. A-1 or G-1, etc., if on a nonimmigrant A or G visa; "LPR" if a Legal Permanent Resident Alien, or "USC" if a United States Citizen.
- Item D.** Enter new residence address, e.g., street address, including type of street, e.g. Ave., Blvd., etc., city, state, ZIP Code; and area code and phone number.
- Item E.** Enter full name as provided on notification form, and new visa status, e.g., A-1, A-2, A-3, G-1, etc.
- Item F.** Enter full name as provided on notification form, and new nationality. If change is to Permanent Resident Alien status include copy of "green" card. Also new visa status, or changes if applicable.
- Item G.** Attach DS-2007.
- Item H.** Attach DS-2007.
- Item I.** Attach copy of marriage certificate and DS-2007. Check item A if new surname of principal and item D if new residence.
- Item J.** Enter former spouse's full name, as provided on notification form and include date of divorce decree. Also check item A of new surname of principal and item D if new residence.
- Item K.** Attach DS-2007. Include birth certificate if born in U.S.
- Item L.** Enter deceased family member's full name, as provided on notification form; and date of death. **NOTE:** Submit Form DS-2008 for deceased principal.
- Item M.** Enter full name of spouse or child and indicate date of final departure. All State Department identification documents must be returned.
- Item N.** Enter other changes.

## Part I. Notification of Change

Please check all appropriate items and provide information, as specified in the instructions, in the Remarks section.

**Item A.** Enter new full name in the same order as given in item number 1. If change is for other than marriage or divorce, please provide reason for change and supporting documents (copy of court order, name page in passport, etc.). **NOTE:** Changes may in some cases require the issuance or reissuance of State Department documents, e.g., identification card, tax exemption card, driver's license, which must be applied for separately.

**Item B.** Enter new duty address, including name of new office or mission. Give full street address, including type of street, e.g. Ave., Blvd., etc., city, state, ZIP code, and telephone, area code, phone number, and extension. **NOTE:** Prior notification to the Department's Office of Foreign Missions may be required before property may be purchased, leased, or occupied.

**Item C.** Enter new title or position, e.g., Second Secretary; Economic Officer. Include military rank, if applicable, and effective date of change. If change involves replacement of existing personnel, please give name of predecessor and termination date. **NOTE:** This form should not be used to change from one job category to another, e.g., employee to diplomat; service to administrative staff, servant to service staff, employee to consular officer, etc. A new DS-2003, DS-2004, or DS-2005 should be completed.

## Part II. Identification Card Request

Indicate whether the request is for a new or replacement or renewal of an existing identification card. Attach DS-2007 Continuation Sheet if Items G, H, or I were checked in Part I. Indicate reason for replacements. If request is for replacement or renewal for spouse and/or dependent (s), set forth in remarks: surname; given name; middle initial; date of birth; relation and visa status.

**Remarks:** This area is used to detail items checked above. If more space is needed, use an additional sheet of blank paper, typing principal's name, PID and mission at the top and attach to form.

The completed form should be signed and dated by the Chief of Mission or authorized deputy, and the Embassy seal affixed. (If requesting ID, principal also must sign.) Give telephone number and email address of office which can be contacted for further information, if necessary.

Submit the form (*original and one copy*) and attachments to

Office of Protocol  
U.S. Department of State  
3507 International Place, NW  
Washington, DC 20008-3034



# NOTIFICATION OF CHANGE IDENTIFICATION CARD REQUEST

(SUPPLEMENTAL TO DS-2003, DS-2004, DS-2005)

To: Secretary of State, Attention - Office of Protocol

|  |                               |                               |
|--|-------------------------------|-------------------------------|
| 1. Principal's Full Name<br>(a) Surname (b) Given Name |                               |                               |
| 2. Personal Identification Number (PID) If Available   | 3. Title or Position          | 4. Date of Birth (mm-dd-yyyy) |
| 5. Country and Type of Mission                         | 6. Location<br>(City) (State) | 7. Visa Status                |

Please check appropriate item(s) and provide information, as specified in instructions, in the remarks area. Incomplete forms will be returned.

### I. NOTIFICATION OF CHANGE

|  |  |
|--|--|
| A. <input type="checkbox"/> Change of Name                               | H. <input type="checkbox"/> Arrival of Children at Later Date      |
| B. <input type="checkbox"/> Change of Duty Address and Phone Number      | I. <input type="checkbox"/> Marriage                               |
| C. <input type="checkbox"/> Change of Title/Position and Effective Date  | J. <input type="checkbox"/> Divorce                                |
| D. <input type="checkbox"/> Change of Residence Address and Phone Number | K. <input type="checkbox"/> Birth                                  |
| E. <input type="checkbox"/> Change of Visa Status                        | L. <input type="checkbox"/> Death of Family Member                 |
| F. <input type="checkbox"/> Change of Nationality/Issuance of Green Card | M. <input type="checkbox"/> Permanent Departure of Spouse/Children |
| G. <input type="checkbox"/> Arrival of Spouse at Later Date              | N. <input type="checkbox"/> Other Changes _____                    |

### II. REQUEST FOR IDENTIFICATION CARD

|  |   |
|--|---|
| Request is for: <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Renewal<br>(Attach DS-2007 Continuation Sheet if items G, H, or I checked above.) | Anticipated Departure Date (mm-dd-yyyy) |
|--|---|

Remarks

|                |  |                   |
|----------------|--|-------------------|
| (Embassy Seal) | Signature of Principal                         | Date (mm-dd-yyyy) |
|                | Typed Name and Signature of Approving Official | Date (mm-dd-yyyy) |
|                | Contact Telephone Number                       |                   |

**PRIVACY ACT and PAPERWORK REDUCTION ACT STATEMENTS**

**AUTHORITIES:** The information is sought pursuant to Vienna Convention on Diplomatic Relations of 1961; Vienna Convention on Consular Relations of 1963; Diplomatic Relations Act (22 U.S.C. 254a-e); and International Organizations Immunities Act (22 U.S.C. 288e (a)).

**PURPOSE:** The principal purpose for the collection of this information is to update the information collected on forms DS-2003, DS-2004, DS-2005, and DS-2007 to ensure that the Department extends proper privileges and benefits granted by the above-cited authorities which are predicated upon review and acceptance of this information by the U.S. Department of State.

**ROUTINE USES:** The principal users of this information are offices within the U.S. Department of State, including but not limited to, the Office of Protocol, the Office of Foreign Missions, and the Office of Visa Services. In response to inquiries from law enforcement agencies, the Office of Protocol may confirm status as recognized by the U.S. Department of State as covered under STATE 36, Security Records. Information may also be provided to other government agencies having statutory or other lawful authority to maintain such information. Names of the members of diplomatic staff, office addresses, titles, and names of spouses are published quarterly in the Diplomatic List, U.S. Department of State Publication 10424. Names of Consular Officers, titles, and office addresses are published semi-annually in Foreign Consular Offices in the United States, U.S. Department of State Publication 10277.

**DISCLOSURE:** Providing this information is mandatory. Failure to provide the information requested on this form may prevent acceptance and the extension of benefits to principals or family members as provided in the above-cited authorities.

\*Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: M/OFM, 3507 International Place NW, Washington, DC 20008.