

Data items collected by the eGov Honorary Consular Officer NOA Request but not collected by the DS-2005 Form;

1. **Appointee Information:**
 - a. Was the individual an official or the dependent of an official previously assigned to any post in the United States?:
 - i. None
 - ii. Unknown/Yes
 - b. PID Number
 - c. Other Name (if applicable)
 - d. Does applicant possess citizenship with another country?:
 - i. Yes
 1. Country of another citizenship
 - ii. No
 - e. Document Type:
 - i. Green Card
 - f. Green Card Number
 - g. Expiration Date
 - h. Applicant Locally Engaged/Hired:
 - i. Yes
 - ii. No

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Appointee Information

When you click the Next button, you will no longer be able to change the mission and applicant type. Please make sure you entered the correct information before clicking Next.

*Choose a mission to begin: VA - RICHMOND - HONORARY CONSULATE OF CANADA (RICHMOND, VA) ▼

*Applicant Type: HONORARY CONSULAR OFFICER ▼ *Citizenship Status: Permanent Resident Alien ▼

* Was the individual an official or the dependent of an official previously assigned to any post in the United States?
 None/Unknown Yes PID Number:

*Surname: *Given Name: Other Name (if applicable):

*Date of Birth: *Gender: Male Female *Birth City:

*Birth Country: ▼ *Birth Citizenship: ▼ *Current Citizenship: ▼

*Does applicant possess citizenship with another country: Yes No *Country of another citizenship: ▼

*Document Type: Green Card ▼ *Green Card Number: *Expiration Date:

Applicant Locally Engaged/Hired:
 Yes No

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Appointee Information

When you click the Next button, you will no longer be able to change the mission and applicant type. Please make sure you entered the correct information before clicking Next.

*Choose a mission to begin: VA - RICHMOND - HONORARY CONSULATE OF CANADA (RICHMOND, VA)

*Applicant Type: HONORARY CONSULAR OFFICER

*Citizenship Status: United States Citizen

* Was the individual an official or the dependent of an official previously assigned to any post in the United States?
 None/Unknown Yes

*Surname:

*Given Name:

*Date of Birth:

*Gender: Male Female

*Birth Country:

*Birth Citizenship:

*Does applicant possess citizenship with another country:
 Yes No

Applicant Locally Engaged/Hired:
 Yes No

PID Number:

Other Name (if applicable):

*Birth City:

Cancel Next

2. Residence Address:
 - a. Residence Country:
 - i. United States
 - ii. Canada
 - iii. Mexico
 - b. Email Address

Residence Address

*Residence Type: Temporary Permanent

*Residence Country: United States Canada Mexico

*Street Number:

*Street Name:

*City:

*State:

*Phone Number: (digits only)

Ext:

Street Type:

Quadrant:

Unit Type:

Unit Number:

*Zip Code:

*Email Address:

Duty Office Address

*Duty Office Address:

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3. Predecessor Information: Other Name

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Position Information

*Job Title:

Head of Post:
 Yes No

Date of Entry on Duty: Expected Date of Departure:

Who are you replacing? I am not replacing anyone

Predecessor Information

PID Number: *Surname: *Given Name: **Other Name:**

*Date of Termination:

Will Officer Serve in Another Official Capacity:
 Yes No

Another Official Capacity
 You have indicated that officer will serve in another office capacity. Please enter the details of the position below.
 Note: Separate notification of this position is REQUIRED.

*Position: *Duty Office:

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Activities Within 5 Years for Principal Applicant

Please fill out details about the assignments below.

Starting Date: Ending Date:

Job Title: Organization:

City: Country:

Use "Add Activity" button to add all assignments, positions, academic studies and other activities within 5 years.

[Back](#) [Cancel](#) [Add Activities](#) [Next](#)

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Other Previous Assignments within the United States

Please fill out details about the assignments below.

(do not list assignments already listed on the previous activities page).

Starting Date:

Ending Date:

Position Title:

City:

State:

Use "Add Assignment" button to add all previous assignments within the United States.

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- 4. Immediate Family Member(s) Forming Part of Principal's household:
 - a. PID (If applicable)
 - b. Birth Citizenship
 - c. Citizenship Status
 - d. Visa Foil Number
 - e. I-94 Number

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Immediate Family Member(s) Forming Part of Principal's household

*Other Members of Household will be requested on the next screen
Please fill out details about the family member below.*

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

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

Gender: Male Female

Relationship:

Date of Birth:

PID (If applicable):

Birth City:

Birth Country:

Birth Citizenship:

Citizenship Status:

Current Citizenship:

Visa Foil Number:

I-94 Number:

Note: If the visa foil number is entered incorrectly, the transaction will be returned to the mission.

Use the button "Add Member" to add to the list of family members

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Household Member(s)

Please fill out details about the family member below.

Surname (as it appears on Visa, if applicable): <input type="text"/>	Given Name(as it appears on Visa, if applicable): <input type="text"/>	Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female
Relationship: <input type="text"/>	Date of Birth: <input type="text"/>	PID (If applicable): <input type="text"/>
Birth City: <input type="text"/>	Birth Country: <input type="text"/>	Birth Citizenship: <input type="text"/>
Citizenship Status: <input type="text"/>	Current Citizenship: <input type="text"/>	I-94 Number: <input type="text"/>
	Visa Foil Number: <input type="text"/>	

Note: If the visa foil number is entered incorrectly, the transaction will be returned to the mission.

Use the button "Add Member" to add to the list of household members

5. Family Members Working in the United States for Foreign Government or International Organization: Relationship

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Family Members Working in the United States for Foreign Government or International Organization

* Do any of your family members work in the United States for a foreign government or international organization?

No Yes

* Family Member Name

* Relationship

* Duty Office

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- 6. Documents:
 - a. DIPLOMATIC NOTE
 - b. OPTIONAL DOCUMENT FOR NAMELAST, NAMEFIRST

Documents

These documents are optional, unless specifically requested by the Department of State.		0 of 3 optional documents uploaded	
Item		Filename	
DIPLOMATIC NOTE			<input type="button" value="Upload"/> <input type="button" value="Remove"/>
OPTIONAL DOCUMENT FOR NAME2, NAME2			<input type="button" value="Upload"/> <input type="button" value="Remove"/>
Upload additional documents as necessary.			<input type="button" value="Upload"/> <input type="button" value="Remove"/>

NOTE: Uploaded documents are no longer visible on this page once you have submitted your request.

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7. Remarks

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ROB MILLER

Review

Appointee Information

Mission:	EMBASSY OF CANADA		Type of Officer:	DIPLOMATIC AGENT FOR EMBASSY		Citizenship Status:	FOREIGN NATIONAL		Edit
Surname:	NAME		Given Name:	NAME		Other Name:			
Gender:	M		Date of Birth:	10/11/2017		Birth Citizenship:	CANADA		
Birth City:	CITY		Birth Country:	CANADA		Current Citizenship:	CANADA		
Has the individual been previously assigned to a post in the USA?	<input type="radio"/> None/Unknown <input checked="" type="radio"/> Yes		PID (if known):						
Type of Passport:	DIPLOMATIC		Passport Number:	123		Visa Expiration Date:	10/11/2018		
Visa Foil Number:	123		Visa Issue Date:	10/11/2017		I-94 Expiration Date:			
I-94 Number:	123		I-94 Classification Type:	A-1		Manner of Entry:	AIR		
Last Arrival in United States:	10/11/2017		Port of Entry:	PORT					
Is Applicant Locally Engaged/Hired?	<input type="radio"/> Yes <input checked="" type="radio"/> No								

Residence Address

Residence Address Type:	TEMPORARY		Address:	123 STREET , CITY AL 12345 US		Duty Office Address:	2825 ROCK CREEK DR NW WASHINGTON, DC 20008		Edit
Phone Number:	(123) 456-7890		Email Address:	CAN@CAN.COM					

Position Information

Job Title:	MINISTER		Head of Post:	<input type="radio"/> Yes <input checked="" type="radio"/> No		Leadership Title:	Chargé d'Affaires		Edit
Date of Entry on Duty:	10/11/2017		Expected Day of Departure:	10/11/2018		Replacing a Predecessor?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Predecessor Information									
Predecessor PID Number:			Predecessor Surname:			Predecessor Date of Termination:	N/A		
Predecessor Given Name:			Predecessor Other Name:						
Another Official Capacity									
Will Officer Serve in Another Official Capacity?	<input checked="" type="radio"/> Yes <input type="radio"/> No		Position:	ATTACHE		Duty Office:	OFFICE NAME		

Activities Within the Past 5 Years

From	To	Job Title	Organization	City	Country
10/11/2015	10/11/2016	TITLE	ORGANIZATION	CITY	CA

Other Previous Assignments within the United States

From	To	Position Title	City	State
10/11/2013	10/11/2014	TITLE	CITY	AL

Immediate Family Member(s)

PID	Surname	Given Name	Date of birth	Relationship	Gender	Current Citizenship	Citizenship at Birth
NAME2	NAME2		10/11/2017	SPOUSE	MALE	CANADA	CANADA

Other Family Member(s) in Household

Surname	Given Name	Date of birth	Relationship
NAME3	NAME3	10/11/2017	FATHER

Family Members Working in the United States for Foreign Government or International Organization

PID	Name	Duty Office	Relationship
NAME2, NAME2		OFFICE	SPOUSE

Attachments

No attachments have been uploaded.

[Add Attachment](#)

Remarks

Add New Remark:

There are no remarks

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