

Data items collected by the eGov White House Tours (Chief of Mission Tour) request but not collected by the DS-4284 Form;

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Chief of Mission Tour Request

Embassy Contact

Mission:

*Surname:	*Given Name:	*Email:
<input type="text"/>	<input type="text"/>	<input type="text"/>
*Telephone Number & Extension:	Fax Number:	*Cell Phone Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tour and Escort Information

Requested date(s) must be at least 7 days in advance and before 21 days from today.
The date format must be "MM/DD/YYYY," example "01/13/2017"

***Requested Tour Date:**

*PID:	*Surname:	*Given Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>

***Escort Title:**

Special Needs (Wheelchairs, etc.):

Describe Special Needs (Wheelchairs, etc.):

Note: The Ambassador/Spouse, Charge D'Affaires/Spouse, or DCM/Spouse must personally escort this group on the tour. No tours operate on Sundays and Mondays.

Tour Information section / Visitor List page

DS-4284	eGov page
Number of People (1-6)	Please add up to five visitors

Add Visitor dialog box input field label text:

Input Field	DS-4284 Text	eGov page Text
Visitor location, City	City you're staying in the U.S. (example: Atlanta)	City living in United States:
Visitor location, State	State you're staying in the U.S. (example: Georgia)	State living in United States:

1. Add Visitor:
 - a. Citizenship Status: Foreign National
 - i. Country of Origin
 - ii. Passport Number
 - b. Citizenship Status: Legal Resident & United States Citizen
 - i. Social Security Number

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Chief of Mission Tour Request

Visitor List

Please add up to five visitors

No visitors specified. Please add a visitor.

Note: The Ambassador/Spouse, Charge D'Affaires/Spouse, or DCM/Spouse must personally escort this group on the tour. No tours operate on Sundays and Mondays.

Add Visitor Next Back

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Visitor List

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Add Visitor Next Back

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- 2. Remark
- 3. Agree with Disclaimer

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ROB

Chief of Mission Tour Request

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

Requesting Embassy:

Embassy Contact: NAMEFIRST1, NAMELAST1

Phone: (123) 456-7890

Fax: (123) 456-7890

Email: NAME@EMAIL.COM

Cell: (123) 456-7890

Requested Tour Date: 10/18/2017

Number of People: 2

Special Need Requested: Yes

Special Needs Description: SPECIAL NEEDS

Escort Information

Escort Name: NAMEFIRST2, NAMELAST2

Escort PID: 12345678

Escort Title: AMBASSADOR

Visitor List

Surname	Given	DOB	City	State	Country of Origin	Passport	SSN	Gender
NAMELAST3	NAMEFIRST3	10/17/2017	CITY	AL	CANADIAN	123456		Female
NAMELAST4	NAMEFIRST4	10/17/2017	CITY	AL			123456789	Male

Remarks

There are no remarks

Add Remark

Disclaimer

This information is provided to the United States Department of State in accordance with the requirements of United States law (Title 18, United States Code, Section 1001) that all such statements are truthful. False information will be considered a violation of United States law and, therefore, an abuse of the privileges and immunities to which an individual's status may entitle him or her.

Agree with Disclaimer

Submit Request

Edit Request

Cancel

