

Data items collected by the eGov Diplomatic NOA request but not collected by the DS-2003 & DS-2007 * Forms;

- * Form DS-2007: NOTIFICATION OF DEPENDENTS OF DIPLOMATIC, CONSULAR AND FOREIGN GOVERNMENT EMPLOYEES (CONTINUATION SHEET)

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. Passport Number
- f. Visa Foil Number
- g. Visa Issue Date
- h. Visa Expiration Date
- i. I-94 Number
- j. I-94 Classification Type
- k. I-94 Expiration Date (leave blank for D/S)
- l. Manner of Entry Type:
 - i. Air
 - ii. Host Chartered Plan
 - iii. Truck
 - iv. Commercial Bus
 - v. Host's Car
 - vi. Auto Personal
 - vii. Auto Rental
 - viii. Auto Taxi
 - ix. Chauffeured Car
 - x. Land
 - xi. Leased Plane
 - xii. Mission Bus
 - xiii. Not Applicable
 - xiv. Ship
 - xv. Train
 - xvi. Unknown

DS-2003 Form / Notification of Appointment (Diplomatic) Request: eGov pages

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ROI

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: DC - WASHINGTON - EMBASSY OF CANADA

*Applicant Type:

DIPLOMATIC AGENT FOR EMBASSY

*Citizenship Status:

Foreign National

*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:

*Type of Passport:

*Passport Number:

*Visa Foil Number:

*Visa Issue Date:

*Visa Expiration Date:

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

*I-94 Number:

*I-94 Classification Type:

I-94 Expiration Date (leave blank for D/S):

*Last Arrival in USA:

*Manner of Entry Type:

*Port of Entry:

Cancel Next

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

Residence Address

*Residence Type: <input checked="" type="radio"/> Temporary <input type="radio"/> Permanent					
*Residence Country: <input checked="" type="radio"/> United States <input type="radio"/> Canada <input type="radio"/> Mexico					
*Street Number: <input type="text"/>	*Street Name: <input type="text"/>	Street Type: <input type="text"/>	Quadrant: <input type="text"/>	Unit Type: <input type="text"/>	Unit Number: <input type="text"/>
*City: <input type="text"/>	*State: <input type="text"/>	*Zip Code: <input type="text"/>			
*Phone Number: (digits only) <input type="text"/>	Ext: <input type="text"/>	*Email Address: <input type="text"/>			

Duty Office Address

***Duty Office Address:**

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3. Predecessor Information: Other Name

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RO

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: <input type="text"/>	*Surname: <input type="text"/>	*Given Name: <input type="text"/>	Other Name: <input type="text"/>
*Date of Termination <input type="text"/>			

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: <input type="text"/>	*Duty Office: <input type="text"/>
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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.

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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):

Relationship:

Birth City:

Citizenship Status:

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

Date of Birth:

Birth Country:

Current Citizenship:

Visa Foil Number:

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

Gender: ☒ Male ☐ Female

PID (If applicable):

Birth Citizenship:

I-94 Number:

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):

Relationship:

Birth City:

Citizenship Status:

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

Date of Birth:

Birth Country:

Current Citizenship:

Visa Foil Number:

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

Gender: ☒ Male ☐ Female

PID (If applicable):

Birth Citizenship:

I-94 Number:

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

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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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[Add Member](#)

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- ## 6. Documents:
- DIPLOMATIC NOTE
 - OPTIONAL DOCUMENT FOR NAME2, NAME2

Documents

These documents are optional, unless specifically requested by the Department of State.		0 of 3 optional documents uploaded	
Item		Filename	
DIPLOMATIC NOTE			Upload Remove
OPTIONAL DOCUMENT FOR NAME2, NAME2			Upload Remove
Upload additional documents as necessary.			Upload 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	
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	
Phone Number: (123) 456-7890	Email Address: CAN@CAN.COM	Duty Office Address: 2825 ROCK CREEK DR NW WASHINGTON, DC 20008

Position Information

Job Title:	MINISTER	Head of Post:	<input type="radio"/> Yes <input checked="" type="radio"/> No	Leadership Title:	Chargé d'Affaires
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
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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

Cancel Submit Return Home