

# INSTRUCTIONS FOR COMPLETING FORM DS-2005, NOTIFICATION OF APPOINTMENT OF HONORARY CONSULAR OFFICER

Please read all instructions before completing this form.

This form is to be completed for all honorary consular officers. All questions should be answered completely and accurately.

If a question does not apply, please type "N/A."

**Any changes in the information provided on this form should be reported as soon as possible using the Notification of Change, Form DS-2006.**

The instructions below are numbered to correspond to the numbered items on the form. **Please TYPE all answers.**

**1** Enter the name of the Embassy submitting the form. Give telephone number and email address of office which can be contacted for further information, if necessary.

**8** Enter complete home address, and telephone number of the honorary consular officer. *(If same as item 8, so state.) 2.*

**NOTE:** All addresses must be street addresses, including type, e.g. Street, Ave., Blvd., etc., not post office box numbers, and must include ZIP codes and telephone area codes.

**2** Enter the honorary consular officer's full name in the order specified: (a) surname (b) given name; (c) prefix such as Mr., Mrs., Ms., or Miss, or title; (d) suffix, such as Jr. or Sr.; and (e) maiden name. Type "X" to indicate if male or female.

**9** Enter date *(mm-dd-yyyy)* officer will assumed official duties in the United States. **NOTE:** Honorary consuls may not be perform consular duties until they have been recognized by the Department of State

**10** Enter "X" in box indicating current residence Status of honorary consul in the United States. *(Only U.S. Citizens or permanent resident aliens may serve as honorary consuls.)*

**11** Enter the date *(mm-yyyy)*, *(approximate)* that officer will terminate duties. *(If unknown, so state)*

**12** Enter name, title and Personal Identification Number (PID), if available, of the person the officer is replacing. If new position, so state.

**13** Enter current occupation of honorary consular officer.

**14** Enter "X" in box if officer has previously held any honorary consular position with any foreign government. Indicate periods, title, country, and location.

**15** Enter the dates *(mm-yyyy)*, nature of employment *(job title and employer)*, and place *(city and state)* of academic study or other activities for previous 10 years, starting from the most recent position. *(Attach additional sheet, if necessary. or curriculum vitae may be substituted).*

**3** Enter present nationality.

**4** Enter officer's date of birth *(mm-dd-yyyy)*.

**5** Enter nationality at birth, even if the same as No. 4.

**6** Enter officer's place of birth - city and country or state.

**7** Enter the name, address and telephone number of the honorary consular officer.

**19** The Emoluments Clause, Article I, Section 9, clause 8 of the United States Constitution, provides: "...No person holding any Office of Profit or Trust under them [the United States], shall, without the consent of the Congress, accept of any present, Emolument, Office, or Title, of any kind whatever from any King, Prince, or foreign State."

The U.S. Code of Federal Regulations, Volume 22, Chapter 1, Part 3a, provides that Congress consents to the following persons accepting civil employment from a foreign government, only if the Secretary of the Department concerned and the Secretary of State have approved the employment.

- 1) Retired members of the uniformed services.
- 2) Members of a reserve component of the armed forces.
- 3) Members of the Commissioned Reserve Corps of the Public Health Service.

Thus, for example, a retired U.S. Army officer must obtain written approval from the Secretary of the Army in order to take a position as an honorary consular officer of a foreign state.

Requests to the Secretary must contain information concerning the applicants status, and the nature the proposed employment in as much detail as possible.

If the answer to any question is YES, please attach requested documentation.


Color photograph (2" x 2") of the officer should be affixed to the form. Photographs should have been taken within the past 12 months. Print full name and foreign mission on the back of each photo.

The applicant for the position of honorary consular officer must sign and date (*mm-dd-yyyy*) the form. The form must be signed and dated by the designated approving embassy official, and the official embassy seal must be affixed.

Submit all forms and attachments to

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

ANY CHANGES IN THE INFORMATION PROVIDED ON THIS FORM SHOULD BE REPORTED AS SOON AS POSSIBLE USING THE NOTIFICATION OF CHANGE, FORM DS-2006.

 U.S. Department of State <b>NOTIFICATION OF APPOINTMENT OF HONORARY CONSULAR OFFICER</b>	<b>FOR OFFICIAL USE ONLY</b> <input type="checkbox"/> P _____ <input type="checkbox"/> R _____ <input type="checkbox"/> A _____ <input type="checkbox"/> T _____ PID _____ Recognition Date (mm-dd-yyyy) _____																									
<b>TO: Secretary of State, Attention - Office of Foreign Missions</b>																										
1. From (Name of Embassy/Mission)  Contact Name, Telephone Number, and Email Address																										
2. Full Name <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">(a) Surname (Last)</td> <td colspan="2">(b) Given Name</td> </tr> <tr> <td>(d) Prefix</td> <td>(e) Suffix</td> <td colspan="2">(f) Maiden</td> <td> <input type="checkbox"/> Male <input type="checkbox"/> Female       </td> </tr> </table>		(a) Surname (Last)			(b) Given Name		(d) Prefix	(e) Suffix	(f) Maiden		<input type="checkbox"/> Male <input type="checkbox"/> Female															
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3. Current Citizenship	4. Date of Birth (mm-dd-yyyy)																									
5. Citizenship at Birth	6. Place of Birth (City, Country)																									
7. Honorary Consulate Address (Do not use post office box)  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4">Name of Office</td> </tr> <tr> <td>Number</td> <td>Street (Ave., Blvd., Place, Etc.)</td> <td colspan="2">Suite</td> </tr> <tr> <td>City</td> <td>State</td> <td colspan="2">ZIP</td> </tr> <tr> <td colspan="2">Telephone</td> <td colspan="2">Ext.</td> </tr> </table>	Name of Office				Number	Street (Ave., Blvd., Place, Etc.)	Suite		City	State	ZIP		Telephone		Ext.		8. Residence Address (Do not use post office box)  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Number</td> <td>Street (Ave., Blvd., Place, Etc.)</td> <td>APT.</td> </tr> <tr> <td>City</td> <td>State</td> <td>ZIP</td> </tr> <tr> <td colspan="3">Telephone</td> </tr> </table>	Number	Street (Ave., Blvd., Place, Etc.)	APT.	City	State	ZIP	Telephone		
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9. Date of Entry on Duty (mm-dd-yyyy)	10. U.S. Residence Status <input type="checkbox"/> United States Citizen <input type="checkbox"/> Permanent Resident Alien A _____																									
11. Expected Date of Termination (mm-yyyy)	12. Name, Title and PID of Predecessor and Date (mm-dd-yyyy) of Termination																									
13. Current Occupation or Profession	14. Will applicant be head of post?  <input type="checkbox"/> Yes <input type="checkbox"/> No																									
15. Has applicant ever held a previous honorary consular position?  <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", when, what title, what country, and where?)	16. Business Address (Do not use post office box)  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Name of Office</td> </tr> <tr> <td>Number</td> <td>Street (Ave., Blvd., Place, Etc.)</td> <td>Suite</td> </tr> <tr> <td>City</td> <td>State</td> <td>ZIP</td> </tr> <tr> <td colspan="2">Telephone</td> <td>Ext.</td> </tr> </table>	Name of Office			Number	Street (Ave., Blvd., Place, Etc.)	Suite	City	State	ZIP	Telephone		Ext.													
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17. Attach curriculum vitae or list all assignments/positions/academic studies within past ten years.																										

18. Conflict of Interest *(To be answered by applicant)*

a. (1) Do you hold a position of profit or trust with the Federal Government?

☐ No

☐ Yes

If answer is "Yes", identify the branch and position held. \_\_\_\_\_

*(Attach description of duties performed.)*

(2) Do you hold an office with a state, county, or municipal government in the United States?

☐ No

☐ Yes

If "Yes", attach description of duties performed and include letter from the 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.

b. Are you:

(1) 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

☐ Yes

If "Yes", state which: \_\_\_\_\_

(2) 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

☐ Yes

If "Yes", attach copy of letter of permission from the Secretary of the Department concerned.

(3) A member of the Commissioned Reserve Corps of the United States Public Health Service?

☐ No

☐ Yes

(4) A retired member of the U.S. Department of State Foreign Service?

☐ No

☐ Yes

Attach recent color  
photograph

2" x 2"

Print name and mission on  
back of each photo

Intentional provision of false information on this form violates United States law *(Title 18 U.S. Code, Section 1001)* and will be considered a violation of the international legal obligation of foreign missions and their personnel to respect the laws of the receiving state *(Vienna Convention on Consular Relations, 1963, Article 55)*.

**Any changes in the information provided on this form should be reported as soon as possible using the Notification of Change, Form DS-2006.**

Signature of Applicant

\_\_\_\_\_

Date  
*(mm-dd-yyyy)*

Chief of Mission or Deputy

Signature of Chief of Mission or Deputy

\_\_\_\_\_

Date  
*(mm-dd-yyyy)*

*(Embassy Seal)*

**PRIVACY ACT and PAPERWORK REDUCTION ACT STATEMENTS**

The Privacy Act of 1974, as amended, 5 U.S.C. 552a, contains provisions regarding the maintenance, collection, use, and dissemination of information about United States citizens and aliens lawfully admitted for permanent residence in the United States. The following information is provided in accordance with subsection (e)(3) of the Privacy Act.

**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 notify the U.S. Department of State of the appointment of honorary consular officers so the Department can therefore extend various 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 20 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.