

# DIPLOMATIC IDENTIFICATION CARD APPLICATION

Expires: xx-xx-xxxx Estimated  
burden: 10 minutes\*

This application must be typewritten.

|                                                                                               |                             |                  |                   |
|-----------------------------------------------------------------------------------------------|-----------------------------|------------------|-------------------|
| 1. Document(s) requested: <b>Diplomatic Identification Card</b> _____                         |                             |                  |                   |
| <input type="checkbox"/> Replacement<br><input type="checkbox"/> Renewal                      |                             |                  |                   |
| 2. PID#:                                                                                      | 3. Principal's PID#         | 4. Mission Type: | 5. Country:       |
| 6. Name:<br>(Surname) _____ (First Name) _____ (Middle Name) _____                            |                             |                  |                   |
| 7. Address:<br>(Number, Street, Apt./Suite) _____ (City) _____ (State) _____ (Zip Code) _____ |                             |                  |                   |
| 8. Date of Birth:<br>(MM/DD/YYYY)                                                             | 9. Height:<br>(Feet/Inches) | 9a. Eye Color:   | 10. Sex:<br>(M/F) |
| 11. Duty City/State:                                                                          |                             | Email address:   |                   |

**Affix mission seal here:**

\_\_\_\_\_  
Signature of Certifying Official

\_\_\_\_\_  
Title of Certifying Official

\_\_\_\_\_  
Date (mm-dd-yyyy)

|                               |
|-------------------------------|
| <b>B. Sign in area below.</b> |
|                               |
| <b>USE BLACK INK ONLY</b>     |