United States Department of State

Office of Foreign Missions
Washington, D.C. 20520

NOTICE

Procedures for the Social Security Program

The Office of Foreign Missions (OFM) and the Social Security Administration (SSA) currently manage a program to assist diplomats, consular officers and administrative and technical staff in obtaining Social Security numbers (SSNs). Eligible foreign nationals who wish to obtain a Social Security number must fill out the necessary form and present proper documentation to an SSA officer for processing at one of two convenient locations:

1. OFM – located at 3507 International Place, NW (SA-33). A Social Security Administration officer will process requests on a walk-in basis, the last Wednesday of each month between the hours of 9 AM and 11 PM. Customers will be served in the order of their arrival.

2. SSA – located at office, 2100 M Street, NW (on the corner of 21st Street and M Street) Appointments may be scheduled every Thursday morning between the hours of 10 AM and 11:30 AM.

Foreign diplomats, consular officers, and administrative and technical staff must send an email to ofmsocialsecurity@state.gov to arrange for one of the four half-hour appointments available at the Social Security Administration's M Street Office each Thursday. ***In this email the applicant must state their requested date and time, name, mission, and telephone number.*** Since appointments are often booked well in advance, it is advised that applicants request a series of dates and times. Once an appointment is secured for an applicant, OFM will provide an email confirmation of the date and time of the appointment.

ELIGIBILITY REQUIREMENTS

Prospective applicants to this program must meet the following criteria in order to be approved for a Social Security number:

1. Persons who have entered the U.S. on an A-1, A-2, G-1, G-4 and certain types of G-3 visas, and

2. Are a **"principal diplomatic agent"** or a dependent with work authorization.

Dependents of principal diplomatic agents may apply for a Social Security number ONLY if they already have papers issued by the U.S. Immigration Service that grant them permission to work in the United States. No other persons may apply for a Social Security number under this program.

It is mandatory that the following items be available during your appointment:

- Valid Passport
- Valid US Visa (A-1, A-2, G-1, G-4 and certain types of G-3)
- Copy of original Form I-94
- Completed Form SS-5, Application for Social Security Card http://www.ssa.gov/online/ss-5.pdf (must have Adobe Acrobat to open). See attached SS-5 example to determine the necessary information needed to consider a diplomatic application complete.

What if I do not receive my card within 2 months?

The Office of Foreign Missions cannot assist the diplomatic and consular communities with problems surrounding the issuance of a Social Security Number. All inquires regarding this matter should be addressed directly with the Social Security Administration.

The Social Security Administration can be contacted through their website http://www.ssa.gov or through their toll-free customer service phone number

1-800-772-1213.

February 6, 2006

SOCIAL SECURITY ADMINISTRATION
Application for a Social Security Card

Form Approved
OMB No. 0960-0066

1	NAME TO BE SHOWN ON CARD	First: JOHN	Full Middle Name:	Last: DIPLOMAT
	FULL NAME AT BIRTH IF OTHER THAN ABOVE	First:	Full Middle Name:	Last:
	OTHER NAMES USED			
2	MAILING ADDRESS (Do Not Abbreviate)	Street Address, Apt. No., PO Box, Rural Route No.: 3507 INTERNATIONAL PL NW		
		City: WASHINGTON	State: DC	ZIP Code: 20008 -
3	CITIZENSHIP (Check One)	☐ U.S. Citizen ☒ Legal Alien Allowed To Work ☐ Legal Alien **Not** Allowed To Work (See Instructions On Page 2) ☐ Other (See Instructions On Page 2)		
4	SEX	☒ Male ☐ Female		
5	RACE/ETHNIC DESCRIPTION (Check One Only - Voluntary)	☐ Asian, Asian-American or Pacific Islander ☐ Hispanic ☐ Black (Not Hispanic) ☐ North American Indian or Alaskan Native ☐ White (Not Hispanic)		
6	DATE OF BIRTH	02/06/2006 Month, Day, Year	7 PLACE OF BIRTH (Do Not Abbreviate)	City: BERN State or Foreign Country: SWITZERLAND FCI: Office Use Only
8	A. MOTHER'S NAME AT HER BIRTH	First: JANE	Full Middle Name:	Last Name At Her Birth: DIPLOMAT
	B. MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 8B on Page 2)	___ - __ - ____		
9	A. FATHER'S NAME	First: JACK	Full Middle Name:	Last: DIPLOMAT
	B. FATHER'S SOCIAL SECURITY NUMBER (See instructions for 9B on Page 2)	___ - __ - ____		
10	Has the applicant or anyone acting on his/her behalf ever filed for or received a Social Security number card before? ☐ Yes (If "yes", answer questions 11-13.) ☐ No (If "no," go on to question 14.) ☐ Don't Know (If "don't know," go on to question 14.)			
11	Enter the Social Security number previously assigned to the person listed in item 1.	___ - __ - ____		
12	Enter the name shown on the most recent Social Security card issued for the person listed in item 1.	First	Middle Name	Last
13	Enter any different date of birth if used on an earlier application for a card.	Month, Day, Year		
14	TODAY'S DATE	Month, Day, Year	15 DAYTIME PHONE NUMBER	( ) - Area Code Number
16	I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. YOUR SIGNATURE	X	17 YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:	☒ Self ☐ Natural Or Adoptive Parent ☐ Legal Guardian ☐ Other (Specify)

DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)

NPN	DOC	NTI	CAN	ITV		
PBC	EVI	EVA	EVC	PRA	NWR	DNR	UNIT

EVIDENCE SUBMITTED

SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW

DATE

DCL DATE