



Miami-Dade Aviation Department
Protocol and International Affairs Division

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Consular Corps Directory Intake Form

The information provided is for internal use only and will be kept confidential

Information About the Consulate

Consulate General of (Country): _____

Honorary Consulate General of (Country): _____

Mailing Address: _____

City: _____ State: _____ ZipCode: _____

Direct Phone Line #: _____ Email: _____ Website: _____

Consul General **Honorary Consul General**

First Name: _____ Last Name: _____

Title: _____

U.S. Department of State Consular ID #: _____

Expiration Date of Consular ID #: DD__ MM__ YYYY__ Date of Birth: DD__ MM__ YYYY__

Direct Phone Line #: _____ Mobile #: _____ Email: _____

Deputy Chief of Mission

First Name: _____ Last Name: _____

Title: _____

U.S. Department of State Consular ID #: _____

Expiration Date of Consular ID #: DD__ MM__ YYYY__ Date of Birth: DD__ MM__ YYYY__

Direct Phone Line #: _____ Mobile #: _____ Email: _____

Office Manager/Administrative Assistant/Secretary

First Name: _____ Last Name: _____

Direct Phone Line #: _____ Ext. _____ Email: _____

Please provide information and title for consular officials accredited by the United States Department of State, affiliated with the Consulate:

First Name: _____ Last Name: _____

Title: _____

U.S. Department of State Consular ID #: _____

Expiration Date of Consular ID #: DD__ MM__ YYYY__ Date of Birth: DD__ MM__ YYYY__

Direct Phone Line #: _____ Ext. _____ Mobile #: _____ Email: _____

First Name: _____ Last Name: _____

Title: _____

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Title: _____

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Expiration Date of Consular ID #: DD__ MM__ YYYY__ Date of Birth: DD__ MM__ YYYY__

Direct Phone Line #: _____ Ext. _____ Mobile #: _____ Email: _____

I affirm the validity of the information provided on this form:

Name: _____ Date: DD__ MM__ YYYY__

(Please print name of consular official)

Title: _____