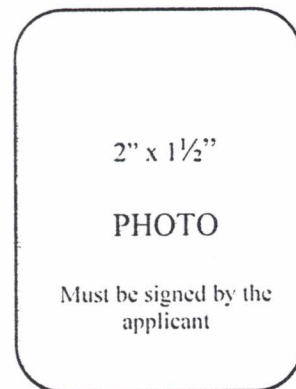


FEDERATED STATES OF MICRONESIA
OFFICE OF THE ATTORNEY GENERAL
DIVISION OF IMMIGRATION & PASSPORT SERVICES
P.O. BOX PS-157
Palikir, Pohnpei FM 96941
Phone: (691) 320-5844 / 2606
Email: fsmimmigration@gov.fm



ENTRY PERMIT APPLICATION

Date: _____

Please read carefully the Entry Permit Requirements on the back side of application form before preparing and submitting the application.

APPLICATION MUST BE IN BLOCK LETTERS OR TYPED

I hereby apply for permission to enter the Federated States of Micronesia and in support of my application, submit the following:

Name: _____
(Last) (First) (Middle)

Home Address: _____

Mailing Address: _____

Citizenship: _____ Date and Place of Birth: _____

Passport No: _____ Date and Place Issued: _____

Occupation: _____ FSM Social Security No.: _____

Name, Address, of Employer or Sponsor in the FSM: _____

Marital Status: Single Married Divorced
Widowed Separated

Sex: Male
Female

MEMBERS OF SAME FAMILY ACCOMPANYING THE APPLICANT:

<u>NAMES:</u>	<u>RELATIONSHIP:</u>	<u>DATE & PLACE OF BIRTH:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

HAVE YOU EVER APPLIED FOR FSM ENTRY PERMIT BEFORE? YES NO
IF YES, WHEN AND FOR WHAT PURPOSE? _____

WAS THE ENTRY PERMIT: GRANTED? DENIED? REVOKED?

IF GRANTED WHAT IS THE ENTRY PERMIT NO.: _____ DATE OF EXPIRATION: _____

Note: This application form is good for all types of entry permits including Short Term Contractual Employment not to exceed 90 days from the initial date of entry into the FSM, except for employment within the Private Sector.

(Entry Permit Requirements on Back Side/Next Page)

PURPOSE OF ENTRY: _____

APPLICANT must furnish information regarding purpose of entry, description of business to be transacted, names and addresses of company, firm, or business you represent and products or services involved, and names and addresses of persons or firms to be contacted (in detail).

PLACE TO BE VISITED:	LENGTH OF VISIT:	EXPECTED DATE OF ENTRY & CARRIER
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the facts hereinabove set forth are true and correct to the best of my knowledge and belief and it is fully understood that throughout the period of my visit I am subject to all of the rules, regulations, and laws of the Federated States of Micronesia. If my permit for any reason or expires while I am in the Federated States of Micronesia, I agree to leave the Federated States of Micronesia by the first available transportation at my own expense.

Signature of Applicant

ENTRY PERMIT REQUIREMENTS:

You are required to submit this application form with the appropriate requirement(s) of an entry permit that you are applying for. Please mark the box below indicating the requirement(s) you are providing.

- Copy of passport bio-page (*passport extension page, if applicable*)
- Recent colored Photo (*size: 2" x 1½"*)
- Police Clearance (*must be obtained from country of citizenship or place of residency within the last six (6) months if applicant is new and residing outside FSM, or the applicant is renewing permit and residing outside FSM for more than 6 months.*)
- Medical Clearance/Certificate (*must be obtained from country of citizenship or place of residency within the last six (6) months if applicant is new and residing outside FSM, or the applicant is renewing permit and residing outside FSM for more than 6 months.*)
- Notarized Affidavit of Financial Support / Dependency (*if applicable to your case*)
- Requirements of Immigration Change of Status, Public Law 7-23 (*if applicable to your case*)

FOR OFFICIAL USE ONLY:

Initial of Immigration Officer receiving the application: _____
Date Application Received: _____