

PURPOSE OF ENTRY: _____

APPLICANT must furnish information regarding purpose of entry, description of business to be transacted, names and address 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 If my permit is withdrawn for any reason or expires while I am in the Federated States of Micronesia, I agree to leave the Federated States of Micronesia by the first available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.

- _____ 1. Xerox copy of Passport on personal descriptions, date passport issued and passport expiration date.
- _____ 2. One Passport size photograph (Please sign your name on the back of Photo).
- _____ 3. Police Clearance (Must be obtained from your country of citizenship or from your place of residency within the last six(6) months).
- _____ 4. Medical Clearance/Certificate.
- _____ 5. Notarized Affidavit of Support/Dependency (If applicable to your case).
- _____ 6. Requirements of Immigration Change of Status, Public Law 7-23 (If applicable).

FOR OFFICIAL USE ONLY:

Initial of Immigration Officer receiving the application: _____

Date Application Received: _____