



FSM ENTRY PERMIT REQUIREMENTS:

A PERMIT IS NOT REQUIRED FOR A PERSON VISITING THE FSM FOR 30 DAYS OR LESS. A PERSON NEEDS A PERMIT FOR A VISIT IN EXCESS OF 30 DAYS. CITIZENS OR NATIONALS OF THE UNITED STATES, REPUBLIC OF PALAU AND THE REPUBLIC OF THE MARSHALL ISLANDS MAY BE ISSUED AN ENTRY PERMIT FOR THE DURATION OF THE VISIT WHICH SHALL NOT EXCEED ONE YEAR. AN ENTRY PERMIT FOR OTHER NATIONALS, HOWEVER, SHALL NOT EXCEED 90 DAYS.

THOSE WISHING TO VISIT THE FSM FOR A PERIOD EXCEEDING 30 DAYS MUST COMPLETE AN ENTRY PERMIT (COPY ENCLOSED). A PERSON WITHOUT A VALID ENTRY PERMIT MUST PRESENT A COMPLETED "FSM IMMIGRATION ARRIVAL AND DEPARTURE RECORD" UPON ARRIVAL. THIS FORM IS FURNISHED BY A CARRIER PRIOR TO ARRIVAL AT THE POINT OF ENTRY.

ALL VISITORS ARRIVING IN THE FSM MUST HAVE A VALID PASSPORT AND MUST BE VALID FOR AT LEAST 120 DAYS (4 MONTHS) BEYOND THE DATE OF ENTRY INTO THE FSM. CITIZENS AND NATIONALS OF THE FSM, REPUBLIC OF PALAU, THE REPUBLIC OF THE MARSHALL ISLANDS, HOWEVER, MAY SHOW A VALID PASSPORT OR A BIRTH CERTIFICATE.

A PERSON ENTERING THE FSM FOR ANY LAWFUL PURPOSE, INCLUDING PERFORMANCE OF NECESSARY SERVICES ON A SHORT-TERM CONTRACTUAL BASIS OR FOR EMPLOYMENT PURPOSES, A PERMIT MAY BE ISSUED FOR A PERIOD OF SPECIFIED DURATION REFLECTING THE TIME NECESSARY TO ACCOMPLISH THE PURPOSES.

IN REGARD TO IMMUNIZATION DOCUMENTATION, A HEALTH CERTIFICATE AND SHOTS MAY BE REQUIRED IF TRAVELING FROM INFECTED AREAS. AN AIDS TEST MAY BE REQUIRED IF STAYING FOR MORE THAN A YEAR.

FOR FURTHER QUESTIONS OR INFORMATION, PLEASE CONTACT OUR EMBASSY AT (202)223-4383/84 OR FAX AT (202)223-4391.

FEDERATED STATES OF MICRONESIA

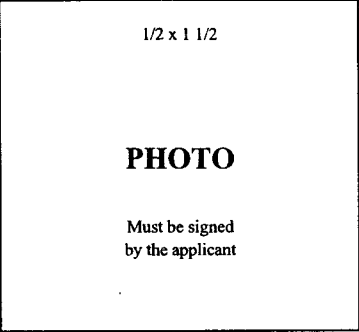
**OFFICE OF THE ATTORNEY GENERAL
DIVISION OF IMMIGRATION AND LABOR**

**P.O. BOX PS-105
Palikir, Pohnpei FM 96941**

Phone: (691) 320-5844

Fax: (691) 320-7250

ENTRY PERMIT APPLICATION



Date: _____

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

APPLICATION MUST BE IN BLOCK LETTERS OR TYPED

I hereby apply for permission to entry 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: _____ Social Security No.: _____

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

MARITAL STATUS: Single Divorced Widowed
Married Separated SEX: Male
Female

MEMBERS OF SAME FAMILY ACCOMPANYING THE APPLICANT:

NAMES	RELATIONSHIP	DATE & PLACE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____

HAVE YOU EVER APPLIED FOR FSM ENTRY PERMIT BEFORE? YES NO
IF YES, WHEN & 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)

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.

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

FOR OFFICIAL USE ONLY:

Initial of Immigration & Labor Officer receiving the application: _____

Date Application Received: _____