

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

1/2 x 1 1/2

РНОТО

Must be signed by the applicant

Date.		
Please read carefully the Entry Permit Requ	tirements on the back side of this application for	rm before preparing and submitting the application.
APPL	ICATION MUST BE IN BLOCK LETTE	RS OR TYPED
I hereby apply for permission to entry	the Federated States of Micronesia and in s	support of my application, submit the following:
Name:		
(Last)	(First)	(Middle)
Home Address:		
Mailing Address:		
Citizenship:	Date and Place of Birth:	
Passport No.:		
Occupation:	Social Security No.:	
Name & Address of Employer or Sponsor i	n the FSM:	
MARITAL STATUS: Single	Divorced Widowed	SEX:
Married	Separated	Female
MEMBERS OF SAME FAMILY ACCOM	IPANYING THE APPLICANT:	
NAMES	RELATIONSHIP	DATE & PLACE OF BIRTH
HAVE YOU EVER APPLIED FOR FSM IF YES, WHEN & FOR WHAT PURPOSI		yes
WAS THE ENTRY PERMIT: Granted Denied Denied IF GRANTED, WHAT IS THE ENTRY P	Revoked	
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.

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 correvisit I am subject to all of the rules, regulations, and laws of the Federated States of Micronesia, I agree to leave the Federat	ne Federated States of Micronesia. If my pe	rmit is withdrawn for any reason or expires while I am in		
		Signature of Applicant		
ENTRY PERMIT REQUIREMENTS:				
You are required to submit this application form with the an indicating the requirement(s) you are providing.	ppropriate requirement(s) of an entry permi	it that you are applying for. Please mark the box below		
Xerox copy of passport on personal descriptions, date pa	assport issued and passport expiration date.			
One passport size photograph (Please sign you 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 F	FSM)			
Notarized Affidavit of Support/Dependency (If applicable)	ole 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	on:			
Date Application Received:				