



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.

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 If my permit is withdrawn for any reason or expires while I am in the Federated States of Micronesia, I agree to leave the Federated States of Micronesia by the first available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: _____