

TYPE OF VESSEL:

## FSM NATIONAL GOVERNMENT DEPARTMENT OF JUSTICE

## DIVISION OF IMMIGRATION & PASSPORT SERVICES P.O. BOX PS-157 PALIKIR, POHNPEI FM 96941 PHONE: (691) 320-5844/320-2605

FAX: (691) 320-7250 Email-ImHQ@mail.fm

## APPLICATION FOR VESSEL TO ENTER THE FEDERATED STATES OF MICRONESIA

## APPLICATION MUST BE IN BLOCK LETTERS OR TYPED

No. of Pax:

I hereby apply for permission for the following vessel to enter the Federated States of Micronesia at the official port(s) of entry indicated herein and in support of my application, submit the following:

NAME OF VESSEL: \_\_\_\_\_\_ No. of Crew: \_\_\_\_\_

PURPOSE OF ENTRY:			
PLACE OF REGISTRY:			
CAPTAIN'S NAME:			
NATIONALITY:			
ADDRESS:			
OWNER'S NAME:			,
NATIONALITY:			
ADDRESS:	LENGTH OVERALL: GROSS TONNAGE: NO: D		
CALL SIGN:	LENGTH OVERALL:	BREA	ADTH:
MAIN DRAFT:	GROSS TONNAGE:	NET TO	ONNAGE:
MMA FISHING PERMIT	NO: DEAC HOLDER FSM PORT	ATE EXPIRE:	
EAC No:	EAC HOLDER		
EAC VALIDITY:	FSM PORT	Γ(S) TO CALL:	
ESTIMATED DATE & T	IME OF ARRIVAL:		
LAST PORT OF CALL:			
NEXT PORT OF CALL:			
by authorities prior to visitin	g other islands in the FSM. The f sia. No vessel or sailing yacht is a	following locations are t	onesia for inspections and clearances he official ports of entry in the outer islands without getting
Pohnpei State	Chuuk State	Kosrae State	Va <u>p</u> State
Kolonia Harbor	Weno Harbor	Lelu Harbor	Colonia Harbor
2. The Chief of Immigration	& Passport Services shall be notif	ied in writing or by elec	tronic mail well in advance of
	f arrival of the vessel in order tha	t Immigration & Passpo	ort Services Officials can be at
and/or licensed by the Gover 4. The Captain, Crew and all	nment of the Federated States of I Passengers shall have in their po	Micronesia. ssession Valid Travel Do	discharge in FSM, unless permitted
nationality and must have pr	oof of financial capability to enter	and remain in the Fede	erated States of Micronesia.
I certify that the facts provid	ed herein are true and correct to t Federated States of Micronesia, i	the best of my knowledg	ge and belief; it is also fully understood
	ederated States of Micronesia, i	t is subject to the above	conditions and an the rules,
regulations and laws of the r	ederated States of Wilcionesia.		
-	Signature of Applicant	_	DATE