

FEDERATED STATES OF MICRONESIA
OFFICE OF THE ATTORNEY GENERAL
DIVISION OF IMMIGRATION
P.O. BOX PS-105
Palikir, Pohnpei FM 96941
Phone: (691) 320-5844
Fax: (691) 320-7250

½ X 1 ½

PHOTO

Must be signed
by the applicant

ENTRY PERMIT APPLICATION

Date: _____

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

APPLICATION MUST BE IN BLOCK LETTERS OR TYPED.

I hereby apply for permission to enter 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 Number: _____

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

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 If my permit is withdrawn for any reason or expires while I am in the Federated States of Micronesia, I agree to leave the Federated States of Micronesia by the first available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

Date Application Received: _____