

**FEDERATED STATES OF MICRONESIA  
DEPARTMENT OF JUSTICE  
DIVISION OF IMMIGRATION & LABOR**

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**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**

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 and Address of Employer or Sponsor in the FSM: \_\_\_\_\_

**MARITAL STATUS:**

Single   
Married

Divorced   
Separated

Widowed

**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 address of company, firm or business you represent and products or services involved, and names and addresses of persons 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 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 If my permit is withdrawn for any reason or expires while I am in the Federated States of Micronesia, I agree to leave the Federated States of Micronesia by the first available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 boxes below to indicate the requirement(s) you are providing:

- Photocopy of passport, including 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).

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**FOR OFFICIAL USE ONLY:**

Initial of Immigration Officer receiving the application: \_\_\_\_\_

Date application received: \_\_\_\_\_