



EMBASSY OF THE REPUBLIC OF LIBERIA

DIPLOMATIC /OFFICIAL /REGULAR VISA

PHOTO

| | | | |
|-----------------------------------|-------------------|------------|----------------|
| NAME(First/ Middle Initial/Last) | | | |
| Street Address/Suite N° | | | |
| City/State/zip | | | |
| Telephone | | | |
| Email Address | | | |
| Date of Birth | | | |
| Place of Birth(City/ Country) | | | |
| Nationality | | | |
| Passport Number | | | |
| Place Issued | | | |
| Date Issued | | | |
| Expiration Date | | | |
| Visa Type Requested | Single (3 months) | | |
| | Multi (6 months) | | Multi (1 year) |
| Proposed Travel Date | | | |
| Length of Stay | | | |
| Purpose of Trip | Business | Tourism | Employment |
| | Official | Diplomatic | Other |
| If "Other" please explain | | | |

| | | | | |
|-------------------------------------|--------------------------|-----|--------------------------|----|
| Is this your first visit to Liberia | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|-------------------------------------|--------------------------|-----|--------------------------|----|

| | |
|--------------|--|
| Reference 1: | |
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| | |
|--------------------|--|
| Employer telephone | |
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| | |
|----------------|--|
| Street Address | |
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| | |
|----------------|--|
| City/State/Zip | |
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|-----------|--|
| Telephone | |
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|--------------|--|
| Reference 2: | |
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|--------------------|--|
| Employer telephone | |
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|----------------|--|
| Street Address | |
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| | |
|----------------|--|
| City/State/Zip | |
|----------------|--|

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| Telephone | |
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I declare under penalty of perjury all of the following:

- 1) I am a citizen or non-citizen national of the Republic of Liberia. The statements made on the application are true and correct;
- 2) I have not knowingly and wilfully made false statements or included false documents in support of this application; and
- 3) the photograph submitted with this application is a genuine, current photograph of me. I fully understand that any misleading information given will immediately disqualify me from obtaining a Visa.

| | |
|------------------------|--|
| Signature of Applicant | |
|------------------------|--|

| | | |
|----------------------|-------------|--|
| For Embassy Use only | Visa N° | |
| | Issued | |
| | Expiration | |
| | Approved by | |