



Visa Application Form

Embassy of the Republic of Liberia, U.S.A

5201 16th Street N.W.

Washington D.C., 20011

Ph: (202)723-0437

Fax: (202)723-0436 Web: www.liberianembassyus.org

Place Photo here

Fees

ECOWAS CITIZENS:

No Visa Required

U.S. Citizens \$ 160.00 1 Year Only Option Available

ALL OTHERS: Single: 1-3 Months – US\$ 70.00 Multiple: 1 Year – US\$ 150.00 Multiple: 2 Year – US\$ 250.00 Multiple 3 Year – US\$ 350.00

1. Name (first, middle initial, last)

2. Address: Street

3. Address: City, State, zip code

4. Telephone: Home, Cell or both

5. Email Address

6. Date of Birth: DD, MM, YYYY

7. Place of Birth: City or State, Country

8. Nationality

9. Passport Number

10. Place Issued: city or state, country

11. Date Issued

12. Expiration Date: MM / YYYY

13. Visa Type (Non U.S Citizens only)

Check one Box: Single

Multiple-1

Multiple-2

Multiple-3

14. Date of Travel

15. Length of Stay: months, weeks, Days

Months

weeks

Days

16. Purpose of Trip, enter all applicable below: Family visit, Tourist, Business, Diplomatic, Official, Employment, Other. If other, explain below.



Visa Application Form

Embassy of the Republic
of Liberia, U.S.A

5201 16th Street N.W.

Washington D.C., 20011

Ph: (202)723-0437

Fax: (202)723-0436 Web: www.liberianembassyus.org

Place Photo here

17. Name of Contact in Liberia: first, last

18. Address of Contact: City, County

19. Contact Telephone Number

20. Address in Liberia: City, County

21. How can you be contacted?: phone, email

22. Last Visit to Liberia /Time Spent There

LAST VISIT

Month	Year

TIME SPENT

Days	Wks.	MThs.	Yrs.

I declare under penalty of perjury, that the information furnished in this application is true, and that the photograph here supplied is a recent picture of the applicant.

23.. Signature of Applicant / date of application

_____ / _____

24.. OR Name of person filing this form

25. .Signature of person filing this form / date

_____ / _____

Below this line is for Embassy official use only

Visa Number

Type of Visa Granted/

Date Issued / Expiration

Amount Paid

\$ ▶

Approved: