

HONORARY CONSUL GENERAL

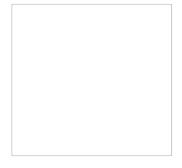
REPUBLIC OF LIBERIA-GA

925B Peachtree Street, N.E., Suite 392

Atlanta, Georgia 30309

Ph: 404-565-1154 Fax: 1-855-515-4080

www.liberianconsulatega.com



VISA FEES

ECOWAS CITIZENS: No Visa Required

SAME DAY RUSH - \$75

TWO-DAY RUSH - \$50

U.S. CITIZENS VISA FEES: \$160.00 (1 YEAR ONLY OPTION AVAILABLE)

NON-U.S. CITIZENS VISA FEES PAY: 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 1: Street	
3. Address 2: 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 : DD/MM/YYYY	
12. Expiration Date: DD/MM/YYYY	
13. Visa Type	Check one Box: Single Multiple-1 Multiple-2 Multiple-3
14. Date of Travel: DD/MM/YYYY	
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.



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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, E-mail									
			LAST VISIT	ſ	TI	ME SPENT	I	<u> </u>	7
22. Last Visit to Liberia /Time Spent There		Month	Year		Days	Wks.	MThs.	Yrs.	<u> </u>
23. Signature of Applicant / date of application 24. OR Name of person filling out this form	⊳ ►		з аррпсант.			/			
25. Signature of person filling out this form / date	>				/				
	For Consulate use only								
Visa Number									
Type of Visa Granted/									
Date Issued / Expiration									
Amount Paid	\$	•							
Approved:									
Date In:									
Date Out:									
Yellow Fever									