



Protocol number	Visa number
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VISA APPLICATION FORM

01 - Full name (<i>as per passport; do not abbreviate or omit any name</i>) First Middle Last			Attach photo here - size: 2" x 2" - white or off-white background - front view, full face - must be recent picture
02 - Place of birth (city/state/country)	03 - Date of birth Day Month Year		
04 - Country of citizenship	05 - Sex male <input type="checkbox"/> female <input type="checkbox"/>	06 - Marital status	
07 - Passport #	08 - Issuing country	09 - Expiration date Day Month Year	
10 - Parents' full name (<i>do not abbreviate or omit any name</i>) Father's: _____ Mother's: _____		10-a- Parents' country of birth Father's: _____ Mother's: _____	
11 - Highest level of education (check only one box) <input type="checkbox"/> no diploma <input type="checkbox"/> high school diploma or the equivalent (<i>e.g., GED</i>) <input type="checkbox"/> some college credit, but less than one year <input type="checkbox"/> more than one year of college, but no degree <input type="checkbox"/> associate's degree (<i>e.g., AA, AS</i>) <input type="checkbox"/> bachelor's degree (<i>e.g., BA, AB, BS</i>) <input type="checkbox"/> master's degree <input type="checkbox"/> professional degree (<i>e.g., MD, DDS DVM, LLB, JD</i>) <input type="checkbox"/> doctorate degree		12 - Major/primary field of study	
		13 - List any special skill and/or certificates	
		14 - Job position (<i>as per business card</i>) or title	
		15 - Employer (<i>for students, name school/university</i>)	
		16 - E-mail:	
17 - Business address		18 - Business telephone # (with area code)	
19 - Home address		20 - Home telephone # (with area code)	

FOR OFFICIAL USE ONLY

A - Consulta à SERE OF <input type="checkbox"/> TEL <input type="checkbox"/> No. _____		B - Autorização da SERE DESP <input type="checkbox"/> DESPTEL <input type="checkbox"/> No. _____		C - Tipo do Visto _____	
D - <input type="checkbox"/> Concessão <input type="checkbox"/> Denegação <input type="checkbox"/> Impedimento		E - <input type="checkbox"/> Uma entrada <input type="checkbox"/> Múltiplas entradas		F - Validade _____ anos/dias	
H - Observações		G - Data ____/____/____			
		I - Assinaturas Funcionário _____ Chefia _____			

21 - Purpose of trip (check item that is the most applicable to the circumstances of your trip)

- Provide services in Brazil of a temporary nature, including activities such as office and technical support, installation and repair of equipment, including computer and telecommunications systems, construction activities, and direct supervision of personnel in Brazil
- U.S.-based personnel involved in business development activities, including negotiating contracts, marketing, opportunity assessments, specifying orders for contracts, customer relations related activities, performance assessments, project reviews, and establishing a framework for doing business in Brazil
- Direct participation in oil and gas exploration and/or production activities
- Work under an employment contract with a company/organization in Brazil - i.e., hired under a Brazilian labor contract as a local employee (this applies to the foreign employees of multinationals working in their Brazilian subsidiaries)
- Transfer of residence to Brazil under permanent residency status
- Attend conference, seminar or workshop (note under "Comments" below whether attendee, paid/unpaid speaker, trainer, and provide name of event sponsor)
- Provide religious or missionary services and/or assistance
- Provide community and/or medical services
- Attend school or pursue studies
- Conduct research or pursue scientific-technologic activities under an international cooperation program
- Pursue professorial studies/research/teaching and/or pursue scientific/technologic activities at an university, research or similar organization (attach letter specifying conditions: employment contract? research scholarship?)
- Participation in athletic or performing arts events (note under "Comments" below whether paid/unpaid participation)
- Journalism activities and/or film making
- As a government official
- Tourism, visit friend(s) and/or relatives (under "Comments" below provide further insight on intended trip and, as applicable, list relationship to parties being visited)
- Other: _____

Comments: _____

22 - Expected port of entry and date of arrival in Brazil

23 - Expected duration of immediate trip

24 - Name and address of person, institution or company through whom you can be contacted in Brazil

25 - Address in Brazil where you will be staying (e.g., hotel, vessel, friend, other)

26 - Telephone # in Brazil (with city code)

27 - Have you ever been to Brazil?

- Yes No

28 - If yes for item 27, provide date, place and duration of last visit

IMPORTANT: FORMS THAT ARE INCOMPLETE AND INCORRECTLY FILLED OUT WILL BE RETURNED. CAREFULLY READ AND FOLLOW INSTRUCTIONS AT THE BOTTOM OF THIS PAGE.

29 - I declare that the above information is true and accurate.

Name (type or print)

Date

Signature

Day

Month

Year

INSTRUCTIONS

- ◆ Type or write in block letters, on blue or black ink only. Form can be filled out on line.
- ◆ Complete first and second pages, except for box marked "For Official Use Only".
- ◆ Answer all questions thoroughly and accurately. If a question does not apply, please type N/A.
- ◆ Sign and date each form. Original signature is mandatory (no photocopy).