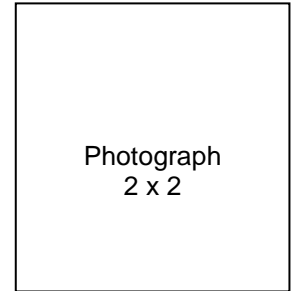


Form No. 509 REF
 Aprobado por el
 Contralor
 v Auditor General
 Serie 1994

Dominican Republic
FOREIGN AFFAIRS OFFICE
 Consular Division
VISA APPLICATION



Place and Date of Application _____

Ship or Plane: _____ Telephone _____

Port of Embarkation: _____

Last Name(s)		Have you ever been in the army, if yes, mention your last rank	
First Name(s)		Purpose of Journey	
Nationality		How long do you plan to stay	
Place and Date of Birth		Name of your friend or relative in the Dominican Republic	
Sex		His or Her address	
Skin color		Have you visited the Dominican Republic before?	
Eye Color		When?	
Hair Color		Give the address where will you stay in the Dominican Republic	
Height and Weight		Which other countries have you visited?	
Marital Status		Spouse's Information Full Name: _____ Nationality: _____ _____ Applicant's Signature	
Occupation			
Identifying Marks (Scars, Others)			
Residing Address			
Last place of Employment			
Name of owner, Manager or Director Last Salary Drawn			

The undersigned, holder of passport No. _____ Issued by _____ on _____
 or I.D Document issued by _____ on _____