

# VIP PASSPORT SERVICES, INC.

2012 Louisiana Street  
Houston, Texas 77002  
713-659-8472 1-800-856-8472 Fax 713-659-3767  
Website: [www.vippassports.com](http://www.vippassports.com) Email: [vipinfo@vippassports.com](mailto:vipinfo@vippassports.com)



## WORK ORDER REQUEST FORM

### TRAVELER INFO

TRAVELER NAME

TRAVELER DATE OF BIRTH

DATE OF U.S. DEPARTURE

DATE PASSPORT IS NEEDED

VIP FILE LOCATOR NUMBER

**DON'T FORGET**  
TO FAX OR EMAIL  
YOUR DOCUMENTS TO  
OUR OFFICE FOR OUR  
COMPLIMENTARY  
PASSPORT/VISA  
PRE-CHECK!

### BILLING INFORMATION (CHECK BOX IF SAME AS SHIPPING)

CONTACT & COMPANY NAME

ADDRESS (STREET, CITY, STATE, ZIP)

PHONE NUMBER

CELL NUMBER

FAX NUMBER

EMAIL

P.O. OR BILLING REF#:

### RETURN SHIPPING INFORMATION (CHECK BOX TO WAIVE SIGNATURE)

CONTACT & COMPANY NAME

ADDRESS (STREET, CITY, STATE, ZIP)

PHONE NUMBER

CELL NUMBER

FAX NUMBER

EMAIL

### METHOD OF PAYMENT

CREDIT CARD

CARD NUMBER

EXP. DATE

CVV CODE

SIGNATURE OF CARD HOLDER

AUTH. AMOUNT \$\_\_\_\_\_

MONEY ORDER

CASHIER'S CHECK

COMPANY CHECK

SPECIAL INSTRUCTIONS: \_\_\_\_\_

SPECIALIZING IN VISAS, PASSPORTS, DOCUMENT TRANSLATIONS & LEGALIZATIONS

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## PAPUA NEW GUINEA TOURIST VISA

U.S. PASSPORT HOLDER

### DOCUMENTS REQUIRED

PLEASE FORWARD THIS SHEET AND ALL THE REQUIREMENTS TO THE ADDRESS LISTED ABOVE

VALID PASSPORT:	1	APPLICATION (S):	1
PASSPORT TYPE PHOTO (S):	1-COLOR	TRAVEL ITINERARY:	1-COPY
HEALTH SCREENING FORM:	1		

OTHER: SEE NEXT PAGES FOR MORE DETAILED INSTRUCTIONS.

### PROCESSING FEES (PER APPLICANT)

VIP SERVICE FEE: (REGULAR PROCESS)	<u>          \$95.00</u>
CONSULATE FEE: (SEE NEXT PAGE)	<u>          \$100.00</u>
MONEY ORDER:	<u>          \$6.00</u>
OTHER FEES: _____	_____
RETURN SHIPPING FEE:	_____
TOTAL: (NO PERSONAL CHECKS PLEASE)	_____

RETURN SHIPPING FEES (SELECT ONE)	
<input type="checkbox"/> PRIORITY OVERNIGHT	\$35.00
<input type="checkbox"/> 2-DAY LETTER	\$27.50
<input type="checkbox"/> 3-DAY LETTER	\$22.50
<input type="checkbox"/> SATURDAY LETTER	\$49.00
<input type="checkbox"/> 1 <sup>ST</sup> OVERNIGHT LETTER	\$85.00

REGULAR PROCESS TIME:	7 TO 10 DAYS

COMMENTS: U.S. CITIZENS MAY OBTAIN A TOURIST VISA UPON ARRIVAL. SEE NEXT PAGE(S) FOR MORE INFORMATION.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REVISED 10-24-2018 JENN

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## **PAPUA NEW GUINEA TOURIST VISA** *PLEASE SUBMIT THE FOLLOWING REQUIREMENTS*

THERE IS NO VISA REQUIRED FOR U.S. CITIZENS TRAVELING TO PAPUA NEW GUINEA STAYING LESS THAN SIXTY (60) DAYS. A VISA ON ARRIVAL AT THE JACKSON AIRPORT IN PORT MORESBY IS AVAILABLE FOR A STAY OF UP TO 60 DAYS IN ANY 12-MONTH PERIOD. TRAVELERS MUST POSSESS EVIDENCE OF RETURN OR ONWARD TRANSPORTATION, PROOF OF SUFFICIENT FUNDS, AND PAY THE FEE OF P.N.G. OF \$ 100.00.

IF YOU WOULD LIKE TO APPLY FOR A VISA IN ADVANCE, PLEASE SUBMIT THE FOLLOWING:

- 1.) **SIGNED U.S. PASSPORT** (*MINIMUM OF 6 MONTHS VALIDITY*)
- 2.) **ONE (1) PASSPORT-TYPE PHOTOGRAPH** (2x2)
- 3.) **ONE (1) COMPLETED APPLICATION** (*CAN BE COPIED*)
- 4.) **ONE (1) HEALTH SCREENING FORM** (*SEE PAGES 7 – 8*)
- 5.) **TRAVEL ITINERARY OR COPY OF ROUNDTRIP TICKET**
- 6.) **CONSULATE FEES:**      \$100.00 – SINGLE ENTRY

**VALIDITY:**      SINGLE ENTRY VISAS ARE TO BE USED WITHIN (6) SIX MONTHS FROM ISSUE DATE. YOU MAY STAY UP TO (60) SIXTY DAYS.

REVISED 10-24-2018 JEN



Department of Foreign Affairs  
and Trade

**APPLICATION FOR ENTRY PERMIT**

**INSTRUCTIONS**

1. Please read the notes on the rear of this form before completing the form.
2. A separate form is required for each person seeking entry to PNG who is travelling on their own passport. Where the application is in respect of a child under 16 years of age, both parents must sign the application.
3. Please write legibly or use a typewriter and answer all questions as fully as possible.
4. The completed form and the applicant's passport should be sent to one of the addresses on the reverse of this form.

**OFFICE USE ONLY**

Date Received:    /    /    By: \_\_\_\_\_  
 File No: \_\_\_\_\_ Group: \_\_\_\_\_  
 Receipt: \_\_\_\_\_ ICD Clear:    /    /  
 EPIS Registered on:    /    /  
 Decision: \_\_\_\_\_ / /  
 Applicant Notified on:    /    /

**TICK THE PURPOSE AND CIRCLE A DESCRIPTION OF YOUR VISIT TO PNG:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Visitor<br>Tourist - Tour Package    Journalist<br>Tourist - Own Itinerary    Yachtsperson<br>Visiting Relative                     | <input type="checkbox"/> Working Resident<br>Businessperson/Investor<br>Employment<br>Working Dependant   | <input type="checkbox"/> Short-term Employment<br>Consultant/Specialist<br>Dependant of Citizen   |
| <input type="checkbox"/> Business<br>Short-term Multiple Entry   | <input type="checkbox"/> Student<br>Formal Education  | <input type="checkbox"/> Occupational Trainee   |
| <input type="checkbox"/> Entertainer<br>Commerical:<br>Film-maker      Comedian      Musician<br>Charity:<br>Gospel Group                  Cultural Exchange | <input type="checkbox"/> Special Exemption<br>Foreign Official<br>Aid Worker/Volunteer<br>Film-maker (Non-commercial)<br>Emergency Relief Worker<br>Medical | <input type="checkbox"/> Melanesian Spearhead<br>Diplomat<br>Researcher/Academic<br>Religious Worker<br>Sportsperson<br>Domestic Worker |
| <input type="checkbox"/> Accompanying another applicant as a dependant on my own passport  |   |   |

**HOW LONG DO YOU WISH TO STAY IN PNG:**    Days:     or    Months:     or    Years:

**PERSONAL DETAILS:**

Family Name <input type="text"/>		Given Names <input type="text"/>	
Date of Birth <input type="text"/> Day    Month    Year	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
Country of Birth <input type="text"/>	Nationality <input type="text"/>		
Passport Number <input type="text"/>	Expiry Date <input type="text"/> Day    Month    Year	Occupation <input type="text"/>	
Passport Issue Date <input type="text"/> Day    Month    Year	Passport Issuing Place <input type="text"/>	Passport Issuing Authority <input type="text"/>	

**TRAVEL ARRANGEMENTS:**

Name of Vessel/Flight <input type="text"/>	Departure to PNG Port: <input type="text"/> Date: <input type="text"/> Day    Month    Year	Arrival in PNG Port: <input type="text"/> Date: <input type="text"/> Day    Month    Year
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**For entry for the purposes of employment:**

Please attach copies of the following documents:

- A letter of offer of employment from your PNG sponsor.
- The letter of approval of your work permit, including the work permit number, position number and expiry date.
- A certificate of good health from a registered doctor, a recent chest X-ray, and the results of a recent HIV test.
- A statement of your good character from your local police authorities.

**For all other types of entry:**

How will you be funding your stay in PNG?

- Salary
- Company sponsor
- Own funds
- Family

**If you have ever changed your name, are known by an alias, or own another passport, please provide details:**

**PREVIOUS NAME/ALIAS DETAILS:**

Family Name	Given Names	Date of Birth	Sex	Marital Status

**OTHER PASSPORTS:**

Country of Issue	Passport Number	Passport Expiry Date

**ORGANISATIONAL SPONSOR:**

Organisation Name	Agent	
Contact Address Number and Street		
Suburb/Town	State/Province	Postcode
Country	Business Telephone	Facsimile
	( )	( )

Have you visited PNG before:  Yes  No

If yes, please give details of your last visit

Date	Purpose of visit	Duration of visit	Address during stay
Day Month Year			

Have you been convicted of a criminal offence:  Yes  No

If yes, please give details of the date, nature of offence, place of conviction and the penalty imposed.

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Have you been deported from, or refused entry to Papua New Guinea, or any other country:  Yes  No

If yes, please give details.

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Have you been a patient in a mental home/institution, or do you suffer from a disease which may constitute a health risk to Papua New Guinea:  Yes  No

If yes, please give details.

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**ADDRESSES:**

**RESIDENTIAL:**

Number and Street

Suburb/Town

State/Province

Postcode

Country

Home Telephone

Business Telephone

**PNG:**

Number and Street

Town/Village

Province

Postal Address

Home Telephone

Business Telephone

**EMERGENCY CONTACT:**

Family name

Given Names

Relationship to Applicant

Contact Address Number and Street

Suburb/Town

State/Province

Postcode

Country

Home Telephone

Business Telephone

**DECLARATION:**

By signing this form, I,..... declare that the information provided on the form is true and correct, and that I have disclosed all information that may be relevant to determining whether I should be granted an entry permit to travel to and stay in Papua New Guinea.

**PHOTOGRAPH**

Signature of Applicant/Parents/Guardian

Date: / /



**PNG IMMIGRATION AND CITIZENSHIP SERVICE AUTHORITY**

**SUPPLEMENTARY HEALTH FORM**

**THIS FORM MUST BE COMPLETED BY ALL FOREIGN NATIONALS APPLYING FOR A PNG VISA**

The Papua New Guinea Immigration and Citizenship Service Authority (ICSA) administers the Migration and Citizenship Acts and is responsible for assessing and issuing visas to foreign nationals and passports to PNG Citizens. Foreign nationals seeking to travel and enter PNG cannot be granted a visa or entry to PNG if they represent a public health risk to the PNG community.

The Ebola Virus Disease and Middle East Respiratory Syndrome (MERS) are very serious public health risks. The following questions are to enable appropriate assessment of persons under the PNG Migration, Quarantine and Health Acts.

This form should be completed by all visa applicants 18 years or over. Parents who have included minors on their visa application form should complete a separate form on each minor's behalf.

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Name: .....

Date of Birth: ...../...../.....

Nationality: .....

Passport Number: .....

Date of arrival or intended arrival in PNG: ...../...../.....

1. In the last 21 days have you visited or transited through Liberia, Sierra Leone or Guinea or any other country where the Ebola Virus Disease has not been contained?

Yes / No

2. If you circled “Yes” to Question 1, please provide further details of when you were in these countries; the nature/purpose of your travel/stay there; the areas in these countries you visited; and whether you came into any contact with any one (alive or dead) who was or may have been affected by the Ebola Virus Disease.

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3. Do you currently have any of the following symptoms?

- Vomiting
- Diarrhoea
- A fever
- A sore throat

Yes / No

4. If you circled “Yes” to Question 2, please provide further details below.

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5. Will you be travelling to, visiting or transiting through Liberia, Sierra Leone or Guinea or any other country where the Ebola Virus Disease has not been contained prior to travelling to PNG?

Yes / No

It is an offence under the Migration Act to provide false or misleading information in respect of entry to PNG which can lead to visa, uplift or entry refusal and/or criminal charges.

I hereby declare that the information I have provided is truthful and accurate.

.....

Signed

Date: ...../...../.....

**FOR OFFICE USE ONLY:**

Form assessed by:

Date

Assessment: Cleared / Additional Medical Check