



**Federated States of Micronesia  
Customs, Immigration and Quarantine  
ARRIVAL and DEPARTURE CARD**

This side of this card must be completed by all persons, including FSM citizens, arriving into the FSM. It is illegal to provide false statements on this card. Print all answers in BLOCK capital letters.

1) Family Name: \_\_\_\_\_ 2) Given Name(s): \_\_\_\_\_ 3) Middle Name: \_\_\_\_\_

4) Gender:  Male  Female  
5) Birth Date: (MM/DD/YY) \_\_\_\_\_

6) Passport No.: \_\_\_\_\_ 7) Expiration Date: (MM/DD/YY) \_\_\_\_\_

8) Country of Issue: \_\_\_\_\_ 9) Nationality: \_\_\_\_\_

10) Country of Residence: \_\_\_\_\_ 11) Occupation: \_\_\_\_\_

12) Ship/Flight No.: \_\_\_\_\_ 13) City/Country where you boarded?: \_\_\_\_\_

**14) Purpose of Travel**

**a) For FSM Citizens & Residents Only**

Residential Status:  Citizen  Resident  
How long have you been away from FSM? Day(s): \_\_\_\_\_ Month(s): \_\_\_\_\_ Year(s): \_\_\_\_\_  
What was the main reason for your trip?  
 Business  Education  Medical  Other: \_\_\_\_\_

**b) For Non-FSM Citizens Only:**

Business  Missionary  Employment  Transit/Crew  
 Conference/Seminar  Leisure/Vacation  Visiting Friends/Relatives

Address/Hotel in FSM: \_\_\_\_\_

Intended Length of Stay (days): \_\_\_\_\_ How many times have you been to the FSM:  
 1  2  3  4 or more times

\_\_\_\_\_  
Signature Today's Date (MM/DD/YY)

**For Non-Citizens Only**

Family Name and Given Name: \_\_\_\_\_

Passport No./I.D.: \_\_\_\_\_

Expected Date of Departure: \_\_\_\_\_ Ship/Flight No.: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Arrival Date	Departure Date	Status	Officer Signature

**Record of Extension**

Date of Extension	Validity	Officer
From: _____	To: _____	_____
From: _____	To: _____	_____
From: _____	To: _____	_____



**Federated States of Micronesia  
Customs, Immigration and Quarantine  
Mandatory Declaration Card**

This side of the card must be completed, one per family. The undeclared importation of controlled and prohibited substances into the FSM is an offence. All baggages are subject to be opened and examined.

Number of people covered:  
 1  2  3  4  5  6 and more

I am (We are) bringing the following: Yes No

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1.) Prohibited goods such as narcotic drugs, explosives, firearms, ammunition, spring bladed knives, or weapon of any kind.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.) More than one (1) carton or 200 pieces of cigarettes; One (1) pound or twenty (20) cigars; beer & malt beverages; wine & fortified wine; and/or 52 fluid ounces or 1500 ml of distilled alcoholic beverages. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.) Goods other than tobacco products, beer, malt and distilled alcoholic beverages or wine the total value of which is in excess of US\$200. (Describe below)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.) Food of any kind, plants or parts of plants, including seeds, bulbs, fresh fruits and vegetables, articles made of plant material.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.) Animals (dead or alive), parts of animals, fish or fish products, insects, animal products including meats, milk or eggs or articles manufactured from wildlife.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.) Soil, mineral samples or biological specimens including vaccines or any equipment used with animals.   | <input type="checkbox"/> | <input type="checkbox"/> |

Country(ies) visited in the last 30 days? \_\_\_\_\_

Declare All Your Merchandise Goods	Official Use Only			
	Description of Articles	Value	Tax Rate	Amount

I certify that I have read and understand the requirements on this form and that all oral and written statements which I have made are truthful declarations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date (MM/DD/YY)

**For official use only**

Official	Badge#	# Bags Examined