

Embassy of Lebanon

Washington, DC

Visa Application

NAME: FIRST:	MIDDLE: _		FAMILY:	
SPOUSE NAME: FIRST:		MAIDEN:		
BIRTH: DATE (M / D / Y):/_	/PLACE:			
ADDRESS IN THE U.S.A.: STREET		_	CITY:	
STATE:Z	ZIP:	<u>SEX:</u> (M or F)	NATIONALITY	<u>′:</u>
<u>PHONE:</u> [H] ()	_ [W] ()	-		
PASSPORT: #:ISSUI	E DATE: (M / D / Y) _	/	_	
EXPIRATION DATE: (M / D / Y)	/			
EMPLOYER (IN THE U.S.A.): NAM	IE:			
ADDRESS:				
STREET ADDRESS	CITY	STATE	ZIP CODE	
APPLICANT'S JOB TITLE:				
PURPOSE OF THE TRIP: (Family Vi	sit, BUsiness, TOurism,	OFficial, TRansit)		
IF BU or OF , STATE THE COMPAN	IY'S OR ORGANIZAT	ION'S (IN LEBAN	ON):	
NAME:			PHONE #:	()
ADDRESS:				
STREET ADDRESS	CITY		STATE	ZIP CODE
TYPE OF BUSINESS (FOR THE AP	PLICANT):			
EXPECTED DATE OF ARRIVAL: (N	1/D/Y)/_			
DURATION AND TYPE OF ENTRY	REQUESTED: (1, 2, or	. 3)		
1- SINGLE ENTRY - 3 MONTHS		\$35.00 / PER	RSON	
2- MULTIPLE ENTRIES - 6 MONTH	S	\$70.00 / PER	SON	
3- TRANSIT		\$20.00 / PER	RSON	
N.B.: THE DURATION OF THE VIS.	A WILL START ON T	HE DATE IT IS ISS	UED.	
APPLICATION REQUIREMENTS:				
1- COMPLETED VISA APPLICATION 2- TWO R IDENTIFICATION (FOR APPLICANTS OF LEBA 6- NOTARIZED AUTHORIZATION FROM PARI OFFICIAL VISA APPLICANTS NEED TO PROV OFFICIAL TRIP 8- A MONEY ORDER PAYABL	ANESE ORIGIN) 5- MARRIAC ENTS OR LEGAL GUARDIAN IDE A LETTER FROM THEIR	GE CERTIFICATE (FOR A I FOR APPLICANTS UNI EMPLOYERS THAT EX	APPLICANT'S SPOUSE OF I DER 18 YEARS OF AGE 7- I PLAINS THE PURPOSE OF	LEBANESE ORIGIN BUSINESS AND THE BUSINESS OR
APPLICANT'S SIGNATURE:	•••••	DATE: (M /	D/Y)//	•••••

Please locate the correct consular office for your jurisdiction to mail your application either by calling the Embassy at 202-939-6300 or visiting the web site at http://www.lebanonembassy.org