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|  | REPÚBLICA FEDERATIVA DO BRASIL  MINISTÉRIO DAS RELAÇÕES EXTERIORES  CONSULADO-GERAL EM SAN FRANCISCO | Protocol number | Visa number |

#### VISA APPLICATION FORM

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 01 - Full name *(as per passport; do not abbreviate or omit any name)*  First Middle Last | | | | | | | | | | | | |  | |
|  | | |  | | | |  | | | | | | Attach photo here | |
| 02 - Place of birth (city/state/country) | | | | | 03 - Date of birth  Day Month Year | | | | | | | | * **size: 40 mm x 35mm** **(1 9/6 x 1 3/8 inches)** | |
|  | | | | |  | | |  | | |  | |  | |
| 04 - Country of citizenship | | | | 05 - Sex  male  female | | | | 06 - Marital status | | | | | * **white or off-white background** | |
| 07 - Passport # | | | | 08 - Issuing country | | | | 09 - Expiration date  Day Month Year | | | | | * **front view, full face** | |
|  | | | |  | | | |  | |  | |  | * **must be recent picture** | |
| 10 - Parent’s full name *(do not abbreviate or omit any name)* and country of birth | | | | | | | | | | | | | | |
|  | Father’s: |  | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | |
|  | Mother’s: |  | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | |
| 11 – Highest level of education (check only one box)  no diploma  high school diploma or the equivalent *(e.g., GED)*  some college credit, but less than one year  more than one year of college, but no degree  associate’s degree *(e.g., AA, AS)*  bachelor’s degree *(e.g., BA, AB, BS)*  master’s degree  professional degree (e.g.,  *MD, DDS DVM, LLB,*  *JD*)  doctorate degree | | | | | | 12 - Major/primary field of study    13 - List any special skill and/or certificates    14 - Job position *(as per business card)* or title    15 - Employer *(for students, name school/university)*    16 – E-mail: | | | | | | | | |
| 17 - Business address | | | | | | | | | 18 - Business telephone # (with area code) | | | | | |
| 19 - Home address | | | | | | | | | 20 - Home telephone # (with area code) | | | | | |

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| FOR OFFICIAL USE ONLY | | | | | |
| A - Consulta à SERE  OF TEL No. \_\_\_\_\_\_\_ | | B - Autorização da SERE  DESP DESPTEL No. \_\_\_\_\_\_ | | C - Tipo do Visto  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| D - Concessão   * Denegação * Impedimento | E - Uma entrada  Múltiplas entradas | | F - Validade  \_\_\_\_\_\_\_\_\_\_\_\_\_anos/dias | | G - Data  \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
| H - Observações | | | I - Assinaturas  test phrase  Funcionário Chefia | | |

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| 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 |  |

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| --- |
| INSTRUCTIONS  1. Type or write in block letters, on blue or black ink only. Form can be filled out on line. 2. Complete first and second pages, except for box marked “For Offical Use Only”. 3. 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). |