

REPÚBLICA FEDERATIVA DO BRASIL MINISTÉRIO DAS RELAÇÕES EXTERIORES **EMBAIXADA EM WASHINGTON**

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/co	untry)	03 - Date Day	e of birth Mo	nth	Year	- size: 2" x 2"	
04 - Country of citizenship	05 - Sex male f	emale	06 - Marital status			- white or off-white background	
07 - Passport #	08 - Issuing country	y	09 - Expiration date Day Month Year			- front view, full face - must be recent picture	
Father's: Fath				10-a- P Father'	carents' country of birth		
11 – Highest level of education (check only one box) 12 - Major/primary field of study							
some college credit, but less than one year more than one year of college, but no degree		ED) 13	13 - List any special skill and/or certificates				
		14	14 - Job position (as per business card) or title				
			15 - Employer (for students, name school/university)				
doctorate degree		16	16 – E-mail:				
17 - Business address				18 - Business telephone # (with area code)			
19 - Home address				20 - Home telephone # (with area code)			
FOR OFFICIAL USE ONLY							
A - Consulta à SERE B - Autorização da SER			ERE		C - Tipo	do Visto	
OF TEL No	No DESP DESP DESPTEL No						
D - ☐ Concessão ☐ Denegação ☐ Impedimento	E - Uma entrada Múltiplas entra		F - Validad	ade anos/dias		G - Data	
H - Observações			I - Assinaturas				
			Funcionário			Chefia	

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.Sbased 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
INSTRUCTIONS ◆ Type or write in block letters, on blue or black ink only. Form can be filled out on line. ◆ Complete first and second pages, except for box marked "For Offical Use Only". ◆ 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).