

# TOURIST VISA REQUIREMENTS FOR MYANMAR

Consular fee: \$ 40 p/person  
GenVisa service fee: \$ 51 p/person  
Return FedEx fee: \$ 24 p/address  
**Total Cost: \$115 One Person**

Consular fee: \$ 40 p/person  
GenVisa service fee: \$ 51 p/person  
Return FedEx fee: \$ 24 p/address  
**Total Cost: \$206 Two People**

For delivery **outside the contiguous U.S.** please add additional \$35.00.   
For **FedEx Overnight Delivery** please add \$10.00 to above costs

## **Please Send to GENERATIONS VISA SERVICE: (see address below)**

- Your **actual** Passport: passport **MUST** be signed, have two blank pages marked "visa" and six months remaining validity beyond the travel dates.
- **Two (2)** recent passport **photo(s)** per person (approx 2x2) – no home photos / no photocopies.
- **Two (2)** completed and signed **original visa applications** (please use attached pages 2 and 3) and **one (1) work history form** per person. Residents of NY, NJ and CT use the following link to access the proper [New York Myanmar Visa Application](#). Residents of AK, AZ, CA, HI, NM, OR, NV, WA, American Samoa, Guan and Northern Mariana Islands use [Los Angeles Myanmar Visa Application](#).
- Copy of round trip airline tickets or **itinerary in each traveler's name**, or letter of confirmation from your travel agent.
- **Payment:** a check or money order payable to **GenVisa** in US Dollars and drawn on a US bank.  
Complete and *return this entire form* with the requested materials to the address below.  
**Important: Do not send your passport/materials more than 3 months prior to your trip date.**

Processing generally takes 4-6 weeks. If you need your passport returned **within 30 days:** add \$45 per person for expedited service. If you need your passport **within 21 days:** call GenVisa prior to sending the materials. If you are a non-US citizen, call for additional entry requirements and fees. **\*Consular fees, processing times and forms are subject to change without notice.** For current requirements, terms and conditions, updated forms and fees please check online at [www.genvisa.com/rcrusoe](http://www.genvisa.com/rcrusoe)

## **YOUR RETURN SHIPPING ADDRESS**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Return to:  Home or  Business (**recommended for security reasons**) Name & c/o: \_\_\_\_\_

**EXACT** address: \_\_\_\_\_ Apt/Ste#: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Date you need your passport:** \_\_\_\_\_ Your E-mail address (**Important**): \_\_\_\_\_

Date **THIS TOUR** Departs U.S.: \_\_\_\_\_

**Optional insurance:** \$9.00 per passport: in the unlikely event that your passport is lost or damaged in transit. This will cover your full out of pocket and replacement costs up to \$2,000. Please check one of the boxes below.

**Yes**, I have added an additional \$9.00 per person for the optional insurance. [Signature required upon delivery.]

**No**, I decline the optional insurance and understand that in the unlikely event my passport is lost or damaged, Generations Visa Service liability is limited to \$100. [No signature required upon delivery.]

Mail materials to:  
**GENERATIONS VISA SERVICE**  
**2233 WISCONSIN AVE N.W. #311**  
**WASHINGTON D.C. 20007- 4119**  
**1-800-845-8968**



**EMBASSY OF THE REPUBLIC OF THE UNION OF MYANMAR  
WASHINGTON DC  
APPLICATION FOR TOURIST VISA**

Recently taken  
**Two color photos**  
with full face,  
front view, no hat  
and against a plain  
light background  
(attached with  
staple)

1. Name in full (In Block Letters) \_\_\_\_\_
2. Father's Full Name \_\_\_\_\_
3. Nationality \_\_\_\_\_ 4. Sex  (F) /  (M)
5. Date of Birth \_\_\_\_\_ 6. Place of Birth \_\_\_\_\_
7. Occupation \_\_\_\_\_
8. **Personal description**  
(a) Color of hair \_\_\_\_\_ (b) Height \_\_\_\_\_  
(c) Color of eyes \_\_\_\_\_ (d) Complexion \_\_\_\_\_
9. **Passport**  
(a) Number \_\_\_\_\_ (b) Date of issue \_\_\_\_\_  
(c) Place of issue \_\_\_\_\_ (d) Issuing Authority \_\_\_\_\_  
(e) Date of expiry \_\_\_\_\_
10. Marital Status:  Married  Separated  Divorced  Widowed  Single
11. Spouse's Full Name \_\_\_\_\_
12. Permanent address \_\_\_\_\_
13. Address in Myanmar \_\_\_\_\_
14. Purpose of entry into Myanmar \_\_\_\_\_
15. Expected dt. of Arrival: (dd/mm/yyyy) ... /... /..... & Departure: (dd/mm/yyyy) ... /... /.....
16. **Attention for Applicants**  
(a) Applicant shall abide by the Laws of the Republic of the Union of Myanmar and shall not interfere in the internal affairs of the Republic of the Union of Myanmar.  
(b) Legal actions will be taken against those who violate or contravene any provision of the existing laws, rules and regulations of the Republic of the Union of Myanmar.

**I hereby declare that I fully understand the above mentioned conditions, that the particulars given above are true and correct and that I will not engage in any activities irrelevant to the purpose of entry stated herein.**

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_  
-----**(FOR OFFICIAL USE ONLY)**-----

Visa No. \_\_\_\_\_ Date \_\_\_\_\_

Visa Authority \_\_\_\_\_

Date \_\_\_\_\_

Place. Washington D.C, United States of America

Embassy of the Republic of the Union  
of Myanmar, Washington D.C

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WASHINGTON DC  
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Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_  
-----**(FOR OFFICIAL USE ONLY)**-----

Visa No. \_\_\_\_\_ Date \_\_\_\_\_

Visa Authority \_\_\_\_\_

Date \_\_\_\_\_

Place. Washington D.C, United States of America

Embassy of the Republic of the Union  
of Myanmar, Washington D.C

**EMBASSY OF THE REPUBLIC OF THE UNION OF MYANMAR  
WASHINGTON D.C.**

**Work History for Visa Applicant**

1. Name in Full (Fill in block letters): \_\_\_\_\_  
Surname (As in Passport): \_\_\_\_\_  
First Name & Middle Name: \_\_\_\_\_
2. Date of birth (dd/mm/yyyy): \_\_/\_\_/\_\_\_\_\_
3. Place of birth: City;- \_\_\_\_\_ Country;- \_\_\_\_\_
4. Permanent Home Address:  
\_\_\_\_\_  
\_\_\_\_\_
5. Tel. (Res.) \_\_\_\_\_  
(Work Place) \_\_\_\_\_  
e-mail: \_\_\_\_\_
6. Work Description (**Current**)  
(a) Job Title: \_\_\_\_\_  
From (dd/mm/yyyy): \_\_/\_\_/\_\_\_\_\_ To (dd/mm/yyyy): \_\_/\_\_/\_\_\_\_\_
- (b) Office \_\_\_\_\_  
Department \_\_\_\_\_  
Describe your duties: \_\_\_\_\_  
\_\_\_\_\_
7. Work Description (**Previous**)  
(a) Job Title: \_\_\_\_\_  
From (dd/mm/yyyy): \_\_/\_\_/\_\_\_\_\_ To (dd/mm/yyyy): \_\_/\_\_/\_\_\_\_\_
- (b) Office \_\_\_\_\_  
Department \_\_\_\_\_  
Describe your duties: \_\_\_\_\_  
\_\_\_\_\_

I hereby declare that the particulars given above are true and correct and that I will not engage in any activities irrelevant to the purpose of my entry.

\_\_\_\_\_  
Signature of Applicant

Date: (dd/mm/yyyy) \_\_/\_\_/\_\_\_\_\_



# Smart Traveler Enrollment Program

**“Stay Informed, Stay Connected, Stay Safe!”**

**For a nominal fee Generations Visa Service will register you and your travel details with the nearest U.S. Embassy or Consulate in the countries you are visiting. This registration allows the US government to efficiently safeguard its citizens while overseas.**

### **Benefits of Enrolling in Smart Traveler Enrollment Program:**

- Receive important information from the Embassy about up-to-the-minute safety conditions in your destination country, helping you make informed decisions about your travel plans.
- Help the U.S. Embassy contact you in an emergency, whether natural disaster, civil unrest, or family emergency.
- Help family and friends get in touch with you in the case of an emergency.

### **Personal Information (Please fill out legibly in block letters)**

Traveler #1’s full name (LAST, First, Middle):
Date of Birth (MM/DD/YYYY):    /    /
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Passport Number: P_____
Email Address*:
Phone Number:

Traveler #2’s full name (LAST, First, Middle):
Date of Birth (MM/DD/YYYY):    /    /
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Passport Number: P_____
Email Address*:
Phone Number:

\*Email addresses will not be used for solicitation purposes

### **Travel Information**

<b>Country #1:</b>
Approx. Date of Entry (MM/DD/YYYY):    /    /
Approx. Date of Exit (MM/DD/YYYY):    /    /
Name and Address of the first hotel:
Name of the Tour Operator:
Contact in Country, if known (phone or email):

<b>Country #2 (if applicable):</b>
Approx. Date of Entry (MM/DD/YYYY):    /    /
Approx. Date of Exit (MM/DD/YYYY):    /    /
Name and Address of the first hotel:
Name of the Tour Operator:
Contact in Country, if known (phone or email):

**Yes**, please enroll me in Smart Traveler Program. I have added an additional **\$15.00 per person** for this service.

**Please include STEP enrollment fees in the total payment for visa processing. Use Credit Card payment option below ONLY if you are applying for STEP enrollment separately on its own:**

Credit Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_

Expiry Date (mm/yyyy): \_\_\_\_\_ Signature: \_\_\_\_\_

**PLEASE NOTE: If you receive an email confirmation from the Department of State titled “Smart Traveler Enrollment Program Invitation,” one of our agents has enrolled you in the Program with the information provided. No further action is required on your part.**