



DEPARTMENT OF COMMERCE

Commonwealth of the Northern Mariana Islands

Caller Box 10007 C.K., Saipan, MP 96950

Photo

1½ X 1½

FOREIGN STUDENT IMMEDIATE RELATIVE APPLICATION FOR ENTRY PERMIT

<input type="checkbox"/> NEW (\$250)	<input type="checkbox"/> RENEWAL (\$100)	<input type="checkbox"/> PARENT	<input type="checkbox"/> PARENT-SPONSOR	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> CHILD
APPLICANT MUST TYPE OR PRINT CLEARLY THE FOLLOWING INFORMATION					
I hereby apply for permission to enter the Commonwealth of the Northern Mariana Islands and in support of my application submit the following information					
Family Name	Given Name	Middle Name	Age	Date of Birth	Birth Place
Nationality	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Height	Weight	Color Eyes	Color Hair
Passport No.	Date of Issue		Expiration Date		
Address in the CNMI (Lot No., Street Name, Village)				Applicant's Contact No. in CNMI	
Mailing Address:				Email Address:	
Name of Student and Entry Permit No.:			Name of Institution Student is admitted:		
Have you ever been granted a CNMI Entry Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, Entry Permit No. & Classification)					
Have you ever been deported from the CNMI? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, date & reason)					
Have you ever been convicted of any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, type of offense & date convicted)					
Do you or the student under this application have any pending or on-going CNMI Labor, Immigration, or legal matter case? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please explain)					
THE APPLICANT HEREBY CERTIFIES AND SWEARS, UNDER PENALTY OF PERJURY, THAT THE INFORMATION CONTAINED HEREIN ARE TRUE AND CORRECT. Applicant further understands that any false, misleading and incomplete information of material facts constitutes grounds for Denial or Revocation of Application.					

Applicant's Signature
(if under 18 yrs old, parent or legal guardian)

Date

Student's Signature
(if under 18 yrs old, parent or legal guardian)

Date

Map of Exact Location to Residence

FOR OFFICIAL USE ONLY

Application Fee: _____

OCR No.: _____ Date _____

Parent I.R. Cash Bond: _____
Amount

OCR No.: _____ Date _____

Spouse/Child I.R. Cash Bond: _____
Amount

OCR No.: _____ Date _____

Parent-Sponsor I.R. Cash Bond: _____
Amount

OCR No.: _____ Date _____

Reviewed by _____
Print Name and Sign

Date

Recommendation: ☐ Approval ☐ Disapproval

Reason for Disapproval _____

☐ Approved ☐ Disapproved

Secretary of Commerce

Date