

**CONSULATE-GENERAL OF THE REPUBLIC OF THE UNION OF MYANMAR
3435, WILSHIRE BOULEVARD, SUITE 1590, LOS ANGELES, CALIFORNIA 90010
TEL (213) 387-0041, 387-0043**

“JOURNALIST” VISA REQUIRMENT

1. **One (1) completed application form with a photo. (1 Extra photo required)**
2. **One (1) completed “Work History” form.**
3. **Original passport.**
(Passport of at least 6 months validity with available visa pages)
4. **Invitation Letter from Ministries.**
5. **Prepaid Self-Addressed Return Envelope (You can use FedEx, UPS or USPS with Tracking Numbers)**
6. **Payment of US\$ 40 (US\$ Forty only) per applicant for visa fees: payable to Myanmar Consulate-General in Cash, Cashier’s Check or money order only.- (Payment arranged through Credit Card/Personal Cheque is not accepted)**

N.B.:- Myanmar Consulate-General assumes no responsibility for any delay of loss in the mail, or while the documents are in the custody of the courier services. The applicant shall note the tracking numbers of all envelopes used and summated. Passport of at least 6 months validity with available visa pages.

VISA INFORMATION

- **The Journalist Visa is Valid for a stay 28 days and not extendable.**

VISA HOURS

MORNING (09:30-12:00)	LUNCH TIME (12:00-13:30)	EVENING (13:30-16:00)
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* **Please Call the Consulate-General for processing time information**

Photography Guide (2 Photos)

- **The photograph must have been taken within the last six months**
- **The photograph should be in color and must be taken against a white or off-white background.**
- **Side or angled views are Not accepted.**
- **Photo Size:** **The photo for each visa applicant submitted must measure:
35 mm x 45 mm or standard photo of 2 in x 2 in**
- **Photo Appearance:** **The photograph must be a full-face view in which the visa applicant is
facing the camera directly.**
- **Digital Photos:** **Digitally reproduced photographs must be reproduced without
discernible pixels or dot patterns.**

Photocopied photographs are NOT accepted.

Types of Visa, Validity, Stay & Fees

Type	Validity	Allowed period of Stay	Fees (\$)	Expandability
Tourist Visa	3 Months	28 days	\$ 40	Not Extendable
Business Visa(Single)	3 Months	70 days	\$ 50	Extendable
Business Visa(Multiple)	3 Months	70 days (Each entry)	\$ 200	Extendable
	6 Months	70 days (Each entry)	\$ 400	
	12 Months	70 days (Each entry)	\$ 600	
Social Visa(Single)	3 Months	70 days	\$ 50	Extendable
Social Visa (Multiple)	3 Months	70 days (Each entry)	\$ 150	Extendable
	6 Months	70 days (Each entry)	\$ 300	
	12 Months	70 days (Each entry)	\$ 450	
Religious Visa(Single)	3 Months	70 days	\$ 50	Extendable
Religious Visa (Multiple)	3 Months	70 days (Each entry)	\$ 150	Extendable
	6 Months	70 days (Each entry)	\$ 300	
	12 Months	70 days (Each entry)	\$ 450	

Note: Passports must be valid at least for six months from visa expiry date.

Visa is valid for 3-months from the date of Issue

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3435, WILSHIRE BOULEVARD, SUITE 1590, L A., CA 90010, TEL (213) 387-0041, (213) 387-0043, Fax (213) 387-0042
APPLICATION FOR JOURNALIST VISA

1. Name in Full (Fill in Block Letters)

PHOTO

Recently taken
color photo

with full face, front view,
no hat and against
a plain light background

_____/_____/_____
(First Name) (Middle Name) (Last Name)

2. Father's Full Name _____
(First Name) (Middle Name) (Last Name)

3. Date of Birth (dd/mm/yy): _____/_____/_____

4. Place of Birth (City/State/Country) _____/_____/_____
(Official Name: Country is Myanmar, City is Yangon)

5. Nationality: U.S./ (Others): _____ 4. Sex (F) / (M)

6. Present Occupation: _____
(If retired write "retired", if student write "student", if self employ: mention specifically)

7. Marital Status: Married Separated Divorced Widowed Single (Never Married)

8. Spouse's Full Name: _____

Passport

9. (a) Number _____ (b) Date of Issue (dd/mm/yy) _____/_____/_____

(c) Date of Expiration (dd/mm/yy) _____/_____/_____

(d) Place of Issue: _____ (e) Issuing Authority:
 United States, _____ United States, Department of State/
 Other: _____ National Passport Center/ (if others): _____

10. Present Address in U.S. _____
(Include apartment number, street, city, state or province & postal zone)

11. Contact Ph. No.(Res:)(_____) (Work)(_____) (Cell)(_____) e-mail _____

12. Address in Myanmar: _____

13. Have you ever been to Myanmar: Yes No (If Yes) Date of Last Visit: (dd/mm/yy) _____/_____/_____

14. Have you ever been refused to enter Myanmar: Yes No (If Yes) When: (dd/mm/yy) _____/_____/_____
Why: _____

15. Expected date of **Arrival**: (dd/mm/yy) _____/_____/_____ & **Departure**: (dd/mm/yy) _____/_____/_____

16. Name and address of Guarantor during stay in Myanmar _____

17. Attention for Applicant:

(a) Apart from the professions mentioned this visa application from applicants are not to engage in any sort of work, with or without charges.

(b) 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.

(c) Legal action 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.

Signature of Applicant
Date (dd/mm/yy) _____/_____/_____

(FOR OFFICE USE ONLY)

Visa No. _____ Date: _____

Visa Authority: MOFA Lt. No. 46 11 11 (110) Dated: 6 April 1994

(If other): MOFA Lt. No. _____, Date: _____/_____/_____

Signature of Officer in-Charge

Consulate-General of the Republic of the Union of Myanmar, Los Angeles, U.S.A

Contact: Tel (213) 387-0041, (213)387-0043, Fax (213) 387-0042, e-mail: myancgla@gmail.com

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/yy) _____ / _____ / _____

3. Place of birth: U.S., _____ (Other): _____

4. Permanent Home Address: _____

5. Tel. (Res.)(_____) _____ (Work Place) (_____) _____

(Cell) (_____) _____ e-mail: _____

6. Work Description (**Current**)

(a) Job Title: _____

From (dd/mm/yy) _____ / _____ / _____ To(dd/mm/yy) _____ / _____ / _____

(b) Office _____

Department _____

Describe your Duties: _____

7. Work Description (**Previous**)

(a) Job Title: _____

From (dd/mm/yy) _____ / _____ / _____ To(dd/mm/yy) _____ / _____ / _____

(b) Office _____

Department _____

Describe your Duties: _____

I hereby declare that the particular 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/yy) _____ / _____ / _____