

www.gambiaembassy.us/ Tel. (202) 785 1399 Fax (202) 785 1430

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## APPLICATION FORM FOR EMERGENCY TRAVEL DOCUMENT

(Valid only for traveling to The Gambia)

1.	Last Name or Surname				
2.	First or Given Name/s				
3.	Date of Birth	Month	Date	Year	
4.	Place of Birth Nationality at Birth				
5.	Passport No.	<b>Issue Date</b>	<b>Expiration Date</b>		
6.	Address in the USA				
7.	Address in The Gambia				
8.	E-Mail Address				
	Contact Numbers				
9.	O. Home Telephone Mobile/Cell Phone				
10.	Applicant's Signature		Date		
11.	<ol> <li>REQUIREMENTS FOR EMERGENCY TRAVEL DOCUMENT (please note that we canNOT process unless the requirements are complete)</li> <li>Completed and signed application form</li> <li>One passport-size photograph (taken in the last six months; please write name and passport number on the back and sign)</li> <li>Prepaid self-addressed/return envelope (FedEx/UPS or Priority/Express Mail recommended)</li> <li>A nonrefundable application fee of \$50.00 in money order only, payable to the Embassy of The Gambia.</li> <li>Gambian identification (expired Gambian passport, Gambian national ID, birth certificate, driver's license, voter's card, or marriage certificate)</li> </ol>				
	<ul> <li>6. Police clearance indi</li> <li>7. If passport is lost, police</li> <li>8. Personal or telephon</li> <li>9. Processing time 1 – PICKUI</li> </ul>	cating applicant is not sub- lice report indicating loss of e interview may be require 2 days.	<b>.</b> .	g The state of the	
	Mail your application to: 5630 16 <sup>th</sup> St, NW - Washington DC, 20011				

## FOR CONSULAR OFFICE USE ONLY

Emergency Travel Document valid for six months.

Remarks

Mode of Dispatch

Money Order/Cashier's Check No. and Amount