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[Help](#)

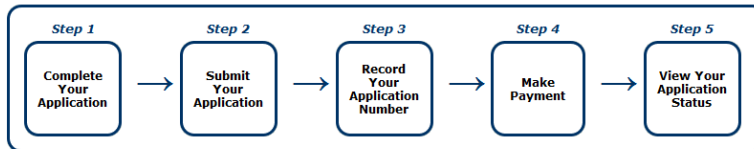
This site incorporates some features which use javascript. Please turn on javascript in your browser.

## Welcome to the Electronic System for Travel Authorization

### NEWS

- The ESTA website will be down for scheduled maintenance from May 11, 2012 1:00:00 PM EDT to May 11, 2012 2:00:00 PM EDT. You will not be able to submit an application during this time.

International travelers who are seeking to travel to the United States under the Visa Waiver Program (VWP) are now subject to enhanced security requirements and will be required to pay an administrative fee. All eligible travelers who wish to travel to the U.S. under the Visa Waiver Program must apply for authorization and then pay the fee using the following process:



Please refer to the [Help](#) link at the top of each Web page if you have questions.

Before you begin this application, make sure that you have a valid passport and credit card available. This application will only accept the following credit cards: MasterCard, VISA, American Express, and Discover (JCB, Diners Club).

<p><b>Apply for a New Authorization to Travel to the United States for Individuals or Groups</b></p> <p>Select this option if:</p> <ul style="list-style-type: none"> <li>You are a citizen or eligible national of a Visa Waiver Program country.</li> <li>You are currently not in possession of a visitor's visa.</li> <li>Your travel is for 90 days or less.</li> <li>You plan to travel to the United States for business or pleasure.</li> <li>You want to apply for a new authorization for one person or a group of applications for two or more persons.</li> </ul> <p><a href="#">Who is eligible for the Visa Waiver Program?</a></p> <p><input type="button" value="Apply"/></p>	<p><b>Retrieve Previously Submitted Authorization to Travel to the United States for One or More Persons</b></p> <p>Select this option if you have already submitted an application for one or more electronic travel authorizations and you want to perform one of the following to one or more applications:</p> <ul style="list-style-type: none"> <li>Review</li> <li>Update Application <a href="#">What information can I update?</a></li> <li>Pay</li> <li>View ESTA Status</li> <li>View Payment Receipt</li> </ul> <p><input type="button" value="Retrieve Application"/></p>
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Paperwork Reduction Act: An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1651-0111. The estimated average time to complete this application is 20 minutes. If you have any comments regarding this burden estimate you can write to U.S. Customs and Border Protection, Office of Regulations and Rulings, 90 K Street, NE, 10th Floor, Washington DC 20229. Expiration May 31, 2015.

The ESTA logo is a registered trademark of the U.S. Department of Homeland Security. Its use, without permission, is unauthorized and in violation of trademark law. For more information, or to request the use of the logo, please go to [help.cbp.gov](http://help.cbp.gov) and submit a request by clicking on "Ask a Question." When selecting the Product (under Additional Information) use "ESTA" and the sub-product "Logo Assistance" to expedite handling of your request.

**[For inquiries or questions regarding this application, please click here.](#)**


**[Privacy Statement](#) | [Accessibility](#) | [www.cbp.gov/travel](http://www.cbp.gov/travel)**


## Application


The following information is required of every nonimmigrant visitor not in possession of a visitor's visa who is a national of one of the countries<sup>[1]</sup> listed in [8 CFR 217.2](#). Please enter all information requested. Each member of your traveling party must complete a separate application.


Please provide all responses in English. Mandatory fields are indicated by a red asterisk \*.


**Applicant Information**


**Applicant Name \***  **Family Name**  **First (Given) Name**


**Are you known by any other names or aliases? \***   Yes  No

**Birth Date \***  **Day**  **Month**  **Year**

**City of Birth \*** 

**Country of Birth \***  --Please Select

**Gender \***   Male  Female

**Parents \***  **Family Name**  **First (Given) Name**

## Passport Information

Passport Number \* ?

The passport number may contain numbers and/or characters. Please closely distinguish between the two, such as the numbers zero and one, and the letters O and I.

Passport Issuing Country  
(Country of Citizenship) \* ?

Passport Issuance Date \* ?

<i>Day</i>	<i>Month</i>	<i>Year</i>
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Passport Expiration Date \* ?

<i>Day</i>	<i>Month</i>	<i>Year</i>
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Country of Citizenship \* ?

Are you a citizen of any other  
country? \* ?

Yes  No

## Contact Information

E-mail Address \* ?

Telephone Number \* ?

<i>Type</i>	<i>Country Code</i>	<i>Number</i>
--		

Home Address \* ?

<i>Address Line 1</i>	<i>Apartment Number</i>
<input type="text"/>	<input type="text"/>
<i>Address Line 2</i>	<i>City</i>
<input type="text"/>	<input type="text"/>
<i>State/Province/Region</i>	<i>Country</i>
<input type="text"/>	--Please Select

**Emergency Contact Information In or Out of the United States**

**Emergency Contact \* ?** *Family Name*  *First (Given) Name*

**Telephone Number \* ?** *Country Code*  *Number*

**E-mail Address \* ?**

**Travel Information**

**Is your travel to the US occurring in transit to another country? \* ?**  Yes  No

**Employment Information**

**Do you have a current or previous employer? \* ?**  Yes  No

**Do any of the following apply to you? (Answer Yes or No)**

Please select if you need additional help on any of these questions.

1) Do you currently have any of the following diseases (communicable diseases are specified in section 361(b) of the Public Health Service Act)? \*

Yes  No

- Cholera
- Diphtheria
- Tuberculosis, infectious
- Plague
- Smallpox
- Yellow Fever
- Viral Hemorrhagic Fevers, including Ebola, Lassa, Marburg, Crimean-Congo
- Severe acute respiratory illnesses capable of transmission to other persons and likely to cause mortality.

2) Have you ever been arrested or convicted for a crime that resulted in serious damage to property, or serious harm to another person or government authority? \*

Yes  No

3) Have you ever violated any law related to possessing, using, or distributing illegal drugs? \*

Yes  No

4) Do you seek to engage in or have you ever engaged in terrorist activities, espionage, sabotage, or genocide? \*

Yes  No

5) Have you ever committed fraud or misrepresented yourself or others to obtain, or assist others to obtain, a visa or entry into the United States? \*

Yes  No

6) Are you currently seeking employment in the United States or were you previously employed in the United States without prior permission from the U.S. government? \*

Yes  No

7) Have you ever been denied a U.S. visa you applied for with your current or previous passport, or have you ever been refused admission to the United States or withdrawn your application for admission at a U.S. port of entry? \*

Yes  No

If yes:

when   
where

8) Have you ever stayed in the United States longer than the admission period granted to you by the U.S. government? \*

Yes  No

**Waiver of Rights:** I have read and understand that I hereby waive for the duration of my travel authorization obtained via ESTA any rights to review or appeal of a U.S. Customs and Border Protection Officer's determination as to my admissibility, or to contest, other than on the basis of an application for asylum, any removal action arising from an application for admission under the Visa Waiver Program.

In addition to the above waiver, as a condition of each admission into the United States under the Visa Waiver Program, I agree that the submission of biometric identifiers (including fingerprints and photographs) during processing upon arrival in the United States shall reaffirm my waiver of any rights to review or appeal of a U.S. Customs and Border Protection Officer's determination as to my admissibility, or to contest, other than on the basis of an application for asylum, any removal action arising from an application for admission under the Visa Waiver Program.

- \* Certification:** I, the applicant, hereby certify that I have read, or have had read to me, all the questions and statements on this application and understand all the questions and statements on this application. The answers and information furnished in this application are true and correct to the best of my knowledge and belief.
- For third-parties submitting the application on behalf of the applicant, I hereby certify that I have read to the individual whose name appears on this application (applicant) all the questions and statements on this application. I further certify that the applicant certifies that he or she has read, or has had read to him or her, all the questions and statements on this application, understands all the questions and statements on this application, and waives any rights to review or appeal of a U.S. Customs and Border Protection Officer's determination as to his or her admissibility, or to contest, other than on the basis of an application for asylum, any removal action arising from an application for admission under the Visa Waiver Program. The answers and information furnished in this application are true and correct to the best of the applicant's knowledge and belief.

Cancel

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