



**Authorization Form**

Embassy of the Republic of Liberia  
5201 16th St. NW Washington, D.C. 20011

I authorize VisaHQ to submit and collect all applicable documents as well as discuss the application with the relevant authorities at the Embassy of the Republic of Liberia should it be deemed necessary.

Full legal name	_____
Date of Birth	_____
Place of Birth	_____
Nationality	_____
Passport Number	_____
Date of Issue	_____
Date of Expiry	_____

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

