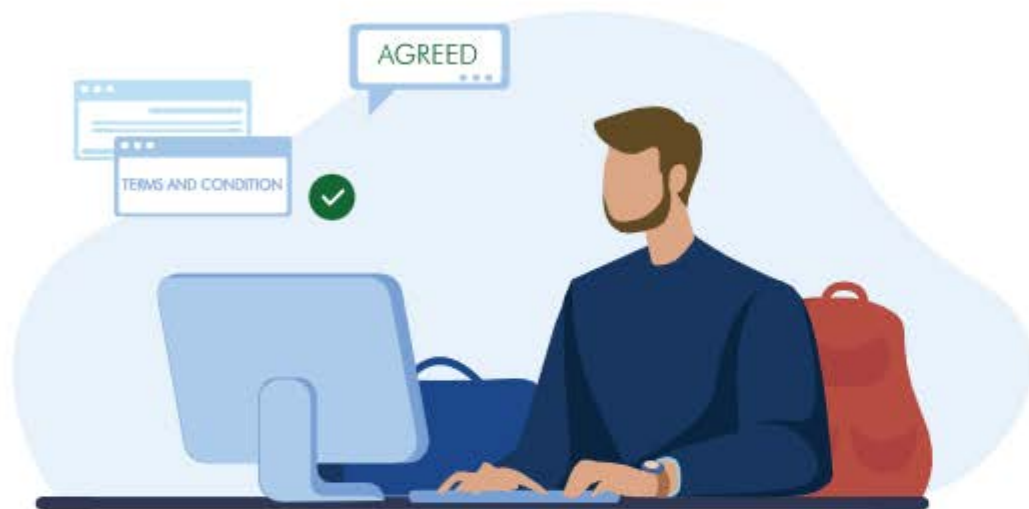




Welcome to the Electronic Ticket
portal for entering and leaving the
Dominican Republic

[ENTER TO THE FORM](#)

WHAT IS THE **ELECTRONIC TICKET** ?



E-TICKET APPLICATION ?

APPLY

ACCESS...

DOWNLOAD
TRAVELER MANUAL
[SEE HERE](#)

SELECT A SECURITY QUESTION

What is the name of your first pet?



RESPONSE

Dog

ARE YOU TRAVELING WITH SOMEONE ELSE?

NO



YES



I'm not a robot



reCAPTCHA
[Privacy](#) [Terms](#)

SUBMIT

CANCEL

APPLICATION CODE : 1XPP4K

THIS IS YOUR APPLICATION CODE TO ACCESS THE FORM, PLEASE SAVE IT SECURELY AND DONT SHARE WITH ANYONE.

[LOGOUT](#)

1

GENERAL INFORMATION

2

MIGRATORY INFORMATION

3

CUSTOMS INFORMATION

4

PUBLIC HEALTH

GENERAL INFORMATION

PERMANENT ADDRESS

Sribnokilska street 20

COUNTRY OF RESIDENCE

Ukraine

CITY

Kyiv

[CLICK HERE TO SELECT](#)

MODE OF TRANSPORTATION

Air Transport

☒ ARRIVAL

☐ DEPARTURE

STATE / (ex: New York)

Kiev

POSTAL CODE

02006

DO YOU MAKE STOPS IN OTHER COUNTRIES?

NO ☒ YES

NEXT



MIGRATORY INFORMATION

PASSENGER 1

NAMES

Anna

LAST NAMES

Datskiv

DATE OF BIRTH

14/03/1974

GENDER

FEMENINE

PLACE OF BIRTH

Ukraine

COUNTRY OF NATIONALITY

Ukraine

PASSPORT

AA111111

CONFIRM PASSPORTE

AA111111

CIVIL STATUS

Married

OCUPATION

Entrepreneur

ARE YOU GOING TO STAY AT A HOTEL?

NO ☒ YES

HOTEL

Riu Republica

[CLICK HERE TO SELECT](#)

NAME OF THE BOARDING PORT

Boryspil International Airport

[CLICK HERE TO SELECT](#)

FLIGHT NUMBER

QU4444

FLIGHT DATE

26/01/2021

DISEMBARKATION PORT

LRM - AEROPUERTO INTERNACIONAL LA ROMANA

FLIGHT NUMBER

QU4444

MOTIVE

Others

TRANSPORTATION COMPANY

AZUR air Limited Liability Company

DAYS OF STAYING

10

SPECIFY MOTIVE OF STAYING

Travel

PREVIOUS STEP

NEXT



GENERAL INFORMATION



MIGRATORY INFORMATION



CUSTOMS INFORMATION



PUBLIC HEALTH

ANNA



CUSTOMS INFORMATION 

DO YOU BRING OR BRING WITH YOU OR IN YOUR LUGGAGE (S), YOU AND / OR YOUR FAMILY MEMBERS, CURRENCY VALUES OR ANOTHER PAYMENT INSTRUMENT, AN AMOUNT IN EXCESS OF USD \$ 10,000.00 OR ITS EQUIVALENT IN ANOTHER (S) TYPE (S) OF CURRENCY (S)? NO ☐ YES

ARE YOU THE OWNER OF THE VALUES YOU CARRY? NO ☒ YES

DO YOU BRING WITH YOU OR IN YOUR LUGGAGE LIVE ANIMALS, PLANTS OR FOOD PRODUCTS? NO ☐ YES

DO YOU BRING WITH YOU OR IN YOUR BAGGAGE GOODS SUBJECT TO TAX PAYMENT? NO ☐ YES

NOTE: THE PRESENTATION OF THIS DECLARATION IS MANDATORY FOR ALL PASSENGERS WHO LEAVE OR ENTER THE DR. FOR MINORS, THIS FORM MUST BE COMPLETED AND SIGNED BY THE RESPONSIBLE ADULT. THE DECLARATION OF INFORMATION FAULTS OR INCOMPLETES MAY ORIGINATE PENALTIES SUCH AS SEIZURES OF SECURITIES, OF GOODS AND DEPRIVATION OF FREEDOM, ACCORDING TO ARTICLE 200 OF LAW 3489, OF CUSTOMS REGIME, AND ARTICLE 4 OF LAW NO. 155-17 AGAINST WASHING ASSETS. THIS DECLARATION MUST BE SIGNED BY THE PASSENGER WHERE IT IS INDICATED

PREVIOUS STEP

NEXT



GENERAL INFORMATION



MIGRATORY INFORMATION



CUSTOMS INFORMATION



PUBLIC HEALTH



GOBIERNO DE LA
REPÚBLICA DOMINICANA
SALUD PÚBLICA

PUBLIC HEALTH 

TRANSIT COUNTRIES BEFORE ARRIVING IN THE DOMINICAN REPUBLIC 

COUNTRIES VISITED IN THE LAST 30 DAYS 

DECLARATION OF SIGNS AND SYMPTOMS

IN THE LAST 72 HOURS HAVE YOU PRESENTED ONE OR MORE OF THE FOLLOWING SYMPTOMS?

- | | | | |
|--|--------------------------------------|---|---|
|  None | <input type="checkbox"/> Sore throat | <input type="checkbox"/> Muscle pain | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Runny nose | <input type="checkbox"/> Cough | <input type="checkbox"/> Shaking chills | <input type="checkbox"/> Breathing difficulty |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Fever | | |

SPECIFY

PHONE NUMBER

654684321



PREVIOUS STEP

SUBMIT



Has anyone helped you fill out this form ?

Yes

Not



Accept Terms



I declare to the competent authorities that the data provided are true and I submit to the sanctions established by law to check any false information.



I declare to the competent authorities that the information provided is true and I submit to the penalties established by law for checking any false information.



I declare that the information provided here is true and I accept that the false declaration by me is considered a violation of national health regulations.

OK

Cancel



REPUBLICA DOMINICANA

TICKET DE EMBARQUE Y DESEMBARQUE DE LA REPUBLICA DOMINICANA

NOMBRE: ANNA DATSKIV

PASAPORTE: AA111111

NACIONALIDAD: UKR

FECHA DE EMISIÓN: 06/01/2021

MIGRACIÓN: ENTRADA



SALIR

GENERAR PDF