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Date: ___/___/___

Request for Certification Under the Treaty of Amity

Please fill in the information of the applying person(s) or business organization. If the applying person(s) or business organization doesn't have the U.S. Headquarter office, please leave the U.S. Headquarter(s) portion blank.

Company Name: _____

President/ Managing Director: _____

Local Business Address: _____

Phone: _____ Fax: _____

E-mail: _____ Web Site: _____

Nature of Business: _____

U.S. Headquarter (if any): _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____ Web Site: _____

The documents has been submitted by:

Company: _____

Phone: _____ Fax: _____

Contact: _____ Signature: _____