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biuro podróży



Member of **REWE GROUP**.

Instrukcja wypełniania formularza przed wyjazdem do Dominikany

1. Formularz znajdą Państwo na stronie <https://eticket.migracion.gob.do/> i należy go wypełnić przed wylotem.

E-TICKET
REPUBLICA DOMINICANA

ENGLISH

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

E-TICKET APPLICATION CONSULT E-TICKET ISSUED

WHAT IS THE ELECTRONIC TICKET ?

It is a digital form required by multiple institutions for entering or leaving the national territory.

It is mandatory for each passenger to truthfully complete the information on the electronic Ticket for the General Immigration Office, the General Customs Office and the Ministry of Public Health, according to dominican laws 285-04, 115-17, 72-02 and 226-06.

[Click here to access the digital traveler page.](#)

E-TICKET APPLICATION ?
Fields marked with a red asterisk are required (*)

DOWNLOAD TRAVELER MANUAL SEE HERE

ARE YOU TRAVELING WITH SOMEONE ELSE? NO

I'm not a robot

1. SUBMIT

2. CANCEL

Notice
Make sure to enter the passport number and nationality the same as it appears in your passport with which you are going to travel

2. W przypadku podróży z rodziną należy podać informację i liczbę osób.

E-TICKET APPLICATION ?
Fields marked with a red asterisk are required (*)

DOWNLOAD TRAVELER MANUAL SEE HERE

ARE YOU TRAVELING WITH SOMEONE ELSE? YES

HOW MANY PEOPLE ARE WITH YOU?
W tym miejscu podajemy liczbę osób podróżujących z nami

I'm not a robot

SUBMIT

CANCEL

Notice
Make sure to enter the passport number and nationality the same as it appears in your passport with which you are going to travel

3. Podajemy dane teleadresowe.

APPLICATION CODE: MCKORH
THIS IS YOUR APPLICATION CODE TO ACCESS THE FORM PLEASE SAVE IT SECURELY AND DON'T SHARE WITH ANYONE.

W TYM MIEJSCU OTRZYMYMY KOD, DZIĘKI KTÓREMU ZAŁOGUJEMY SIĘ DO FORMULARZA. ZAPISUJEMY GO. PO CHWILI SESJA MOŻE WYGASNĄĆ. KOD POZWOLI NAM NA POWRÓT DO FORMULARZA.

GENERAL INFORMATION
Fields marked with a red asterisk are required (*)

PERMANENT ADDRESS *
ADRES ZAMIESZKANIA

COUNTRY OF RESIDENCE *
KRAJ

CITY *
MIASTO
CLICK HERE TO SELECT
KLIKAMY ABY WYBRAĆ MIASTO

STATE / (aka: New York)
KOD POCZTOWY

DO YOU HAVE STOPS IN OTHER COUNTRIES?

ARRIVAL TO THE DOMINICAN REPUBLIC

DEPARTURE FROM DOMINICAN REPUBLIC

NEXT

4. Podajemy dane personalne

NAMES* SELECT AN OPTION	IMIONA	LAST NAMES* SELECT AN OPTION	NAZWISKO	DATE OF BIRTH dd-mm-yy	DATA URODZENIA
GENDER* SELECT AN OPTION	PLEĆ	PLACE OF BIRTH* SELECT AN OPTION	MIEJSCE URODZENIA	COUNTRY OF NATIONALITY* SELECT AN OPTION	NARODOWOŚĆ (JAK W PASZPORCIE) <small>You must put the nationality that appears in the passport with which you are going to travel.</small>
PASSPORT NUMBER* <small>You must put the passport number that appears in the passport with which you are going to travel.</small>	NUMER PASZPORTU	CONFIRM PASSPORT* SELECT AN OPTION	POTWIERDZENIE NUMERU PASZPORTU	CIVIL STATUS* SELECT AN OPTION	STAN CYWILNY SINGLE - WOLNY MARRIED - W ZWIĄZKU MAŁŻEŃSKIM CONCUBINATE - ZWIĄZEK NIEFORMALNY
OCCUPATION* SELECT AN OPTION	ZAWÓD	ARE YOU A FOREIGNER RESIDENT IN THE DOMINICAN REPUBLIC? <input checked="" type="checkbox"/>		ARE YOU LOGGING IN A PRIVATE RENTAL? (e.g. Airbnb) <input checked="" type="checkbox"/>	
ARE YOU GOING TO STAY AT A HOTEL? <input checked="" type="checkbox"/>		HOTEL* SELECT AN OPTION	NAZWA HOTELU		

5. Podajemy dane dotyczące przelotu

DEPARTURE PORT* SELECT AN OPTION	LOTNISKO WYLOTU	FLIGHT NUMBER* SELECT AN OPTION	NUMER LOTU	FLIGHT DATE dd-mm-yy	DATA WYLOTU
DISDEPARTURE PORT* SELECT AN OPTION	PUJ - AEROPUERTO INTERNACIONAL DEL PUNTA CANA	AIRLINE NAME* SELECT AN OPTION	AF - AIR FRANCE	FLIGHT CONFIRMATION NUMBER	
TRAVEL PURPOSE* SELECT AN OPTION	CEL PODRÓŻY - LEISURE	DAYS OF STAY* SELECT AN OPTION	DŁUGOŚĆ POBYTU	EMAIL	

PREVIOUS STEP NEXT

6. Jeżeli na początku formularza podaliśmy informacje, że podróżujemy z osobą towarzyszącą, teraz należy wpisać jej dane. Jeżeli nie dodawaliśmy osoby towarzyszącej przechodzimy do punktu 8.
7. Informacje związane z cłem i przewozem dóbr objętych cłem.

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 CURRENCY? **CZY BĘDZIESZ PRZEWOZIŁ PRZEDMIOTY LUB GOTÓWKĘ O WARTOŚCI WIEKSZEJ NIŻ 10000\$?**

DO YOU BRING WITH YOU OR IN YOUR LUGGAGE LIVE ANIMALS, PLANTS OR FOOD PRODUCTS? **CZY BĘDZIESZ PRZEWOZIŁ W BAGAŻU ŻYWE ZWIERZĘTA, ROŚLINY LUB PRODUKTY ROŚLINNE?**


DO YOU BRING WITH YOU OR IN YOUR BAGGAGE GOODS SUBJECT TO TAX PAYMENT? **CZY BĘDZIESZ PRZEWOZIŁ PRZEDMIOTY PODLEGAJĄCE OPODATKOWANIU?**

NOTE: THE PASSENGER MAY BRING GOODS OR OBJECTS FOR GIFTS FOR A TOTAL VALUE OF UP TO USD \$ 500 (FIVE HUNDRED DOLLARS). THIS EXEMPTION CAN ONLY BE USED AND APPLIED ONCE EVERY 6 MONTHS.

NOTE: THE PRESENTATION OF THIS DECLARATION IS MANDATORY FOR ALL PASSENGERS WHO LEAVE OR ENTER THE DR. FOR MDRD. THIS FORM MUST BE OBSERVED AND SIGNED BY THE RESPONSIBLE ADULT. THE DECLARATION OF INFORMATION FAULTS OR INCOMPLETES MAY ORIGINATE PENALTIES SUCH AS SEIZURE OF SECURITIES, OF GOODS AND DEPRIVATION OF FREEDOM ACCORDING TO ARTICLE 200 OF LAW 3498 OF CUSTOMS REGIME, AND ARTICLE 1 OF LAW NO. 455-17 AGAINST WASHING MACHINES. THIS DECLARATION MUST BE SIGNED BY THE PASSENGER WHERE IT IS INDICATED.

PREVIOUS STEP NEXT

8. Informacje o stanie zdrowia

COUNTRIES VISITED IN THE LAST 30 DAYS 


DECLARATION OF SIGNS AND SYMPTOMS
IN THE LAST 24 HOURS HAVE YOU PRESENTED ONE OR MORE OF THE FOLLOWING SYMPTOMS? *

<input type="checkbox"/> None <input type="checkbox"/> Headache <input type="checkbox"/> Shivering chills <input type="checkbox"/> Fever	ZADNE BÓL GŁOWY DRESZCZE GORĄCZKA	<input type="checkbox"/> Sore throat <input type="checkbox"/> Runny nose <input type="checkbox"/> Breathing difficulty	BÓL GARDŁA KATAR TRUDNOŚCI Z ODDYCHANIEM	<input type="checkbox"/> Muscle pain <input type="checkbox"/> Cough <input type="checkbox"/> Fatigue	BÓL MIĘŚNI KASZEL NADMIERNE ZMĘCZENIE
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SPECIFY **INNE (NALEŻY WPISAĆ)** PHONE NUMBER * **NUMER TELEFONU**

ONSET OF SYMPTOMS
_____ **KIEDY NASTĄPIŁY OBJAWY (DATA)**

PREVIOUS STEP **SEND**



9. Okna informacyjne

SYMPTOMS? *



Has anyone helped you fill out this form ?

Yes **No**



Accept Terms



3CA
ADUANAS

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.


GOBIERNO DE LA
REPÚBLICA DOMINICANA

MIGRACIÓN

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.


GOBIERNO DE LA
REPÚBLICA DOMINICANA

SALUD PÚBLICA

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**



10. Przed nami ostatni krok wypełniania formularza. Należy kliknąć niebieski przycisk aby wygenerować QR kod w formacie PDF.



REPUBLICA DOMINICANA

BOARDING AND LANDING TICKET FROM THE DOMINICAN REPUBLIC

NAMES:	IMIĘ I NAZWISKO
PASSPORT NUMBER:	NUMER PASZPORTU
COUNTRY OF NATIONALITY: POL	
DATE OF ISSUE:	DATA WYPEŁNIANIA FORMULARZA
MIGRATION: ENTRADA	

COMPANIONS



EXCLUSIVE USE QR CODE FOR CUSTOMS VALIDATION.

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