USAID | WEST BANK/GAZA
FROM THE AMERICAN PEOPLE

USAID West Bank & Gaza PSU
E-mail: psu-permit@usaid.gov
Tel.: 972-3-511-4886
Fax.: 972-3-511-4888

PERMIT REQUEST FOR WEST BANK & GAZA

Request date: _____

CTO's name (responsible for project): _____

Permit Holder's details:

Requestor's name: _____

I.D. number: _____

Position title: _____

Place of birth: _____

Mobile phone #: _____

Destination: _____

Expiration date of last permit : _____

Purpose of new/renewal of permit request :

Requested number of hours:

- ☐ 05:00 - 19:00 (Normal Hours)
- ☐ Other than normal *(If this box is checked, please state the hours requested and justification)*

I need to get a permit for my vehicle :
- ☐ Yes *(Please attach copy of vehicle's license)*
- ☐ No

Validation date of magnetic card: _____

IMPORTANT!
* For West Bankers, please attach a copy of current magnetic card.

* Please send this form and all attachments by E-mail to: psu-permit@usaid.gov