

# CONSULATE GENERAL OF IRAN

## NEW YORK

Photo

### Application for entry to Iran or transit visa for passage through Iran

Please print all information

1. Name ~~Mrs.~~ <sup>X</sup> Mrs. Elizabeth Kennedy Ralph  
Miss First Middle Surname
2. Nationality U.S.A.
3. Citizenship U.S.A.  
(If naturalized, indicate original citizenship)
4. Religion Protestant
5. Passport Particulars:  
A. No. G 160945  
B. Date of Issue February 17, 1966  
C. Place of Issue Washington, D.C.
6. Place and date of birth Trenton, New Jersey February 5, 1921
7. Marital Status single
8. Occupation physicist
9. Particular Marks none
10. Domicile Box 357 Woosamonsa Road, Pennington, New Jersey 08534  
(Please give full address)
11. Father's Name Paul Justus Ralph Father's Citizenship U.S.A.
12. Mother's Name Margaret Buyers Kennedy Mother's Citizenship U.S.A.
13. Affiliated with Political Party? yes Which? Republican
14. Have you traveled to Iran before? no  
A. How many times? \_\_\_\_\_  
B. Duration and Place of sojourn \_\_\_\_\_  
C. No. of Iranian Residence Permit (if you had one) \_\_\_\_\_
15. Purpose of journey to visit archaeological sites
16. Duration and place of sojourn in Iran 2 weeks, northwestern Iran, mainly Hasanlu
17. References in Iran (Relatives, Kinsmen or Acquaintances) Prof. Robert Dyson, field director  
of excavations at Hasanlu
18. Names of others included in your passport none
19. Frontier of entry to Iran Maku (travelling with Jeep)
20. Frontier of intended departure from Iran (if in transit) Maku

Signature of applicant: Elizabeth K. Ralph

Date: \_\_\_\_\_

Μ.Κ.



ΒΑΣΙΛΕΙΟΝ ΤΗΣ ΕΛΛΑΔΟΣ

ΠΡΟΕΔΡΙΑ ΚΥΒΕΡΝΗΣΕΩΣ

ΓΕΝΙΚΗ ΔΙΕΥΘΥΝΣΙΣ  
ΑΡΧΑΙΟΤΗΤΩΝ ΚΑΙ ΑΝΑΣΤΗΛΩΣΕΩΣ

Έν Αθήναις τῆ 26-1-1968 196

Διεύθυνσις Ἀρχαιοτήτων  
Τμημα Ἀρχ/κῶν Χώρων

Πληροφορία: \_\_\_\_\_

(Τηλ. \_\_\_\_\_)

Ἀριθ. { Πρωτ. 1761  
Διεκτ. \_\_\_\_\_

Πρός  
τό Τελωνεῖον Πατρῶν

Πάτρας

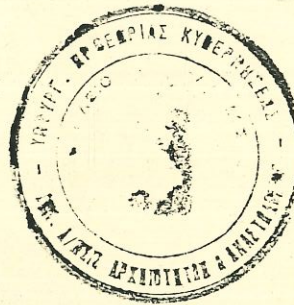
ΘΕΜΑ : Περί ἀτελοῦς εἰσαγωγῆς μαγνητομέτρου.

Ἐχομεν τὴν τιμὴν νὰ γνωρίσωμεν ὅτι κατὰ τὸν προσεχῆ  
Μάϊον ἡ MISS ELIJABETH RALPH πρόκειται νὰ εἰσαγάγῃ τό  
κατ' ἔτος προσκομιζόμενον μαγνητόμετρον μετὰ τῶν ἐξαρτημά-  
των του (PROTOMAGNETOMETER), τό ὁποῖον πρόκειται νὰ χρησι-  
μοποιηθῆ δι' ἐρεύνας τῆς καθ' ἡμᾶς Ἀρχαιολογικῆς Ὑπηρεσίας  
καί νὰ ἐπανεξαχθῆ πάλιν εἰς τό Ἐξωτερικόν.

Παρακαλοῦμεν, ὅπως διευκολύνητε τὴν ἀτελεῆ εἰσαγωγὴν.

Ὁ Γενικός Ἐπιθεωρητής  
Σπυρ. Μαρινᾶτος

Κοινοποίησις  
MISS BETH K. RALPH  
PHILADELPHIA



ΟΚΡΙΒΕΣ ΑΝΤΙΓΡΑΦΗ  
ΑΙΕΙΟΥΝΤΗ

ΠΑΡΕΛΗΦΘΗ

SPECIMEN FORM TO BE USED IN CONNECTION  
WITH LETTER OF CREDIT IN THE ISSUANCE  
OF AATA CUSTOMS DOCUMENTS

Date \_\_\_\_\_

AMERICAN AUTOMOBILE TOURING ALLIANCE  
220 South Broad Street  
Philadelphia, Pa., 19102

Re: \_\_\_\_\_

Gentlemen:

We are pleased to inform you that we have opened in your favor our irrevocable Clean Credit No. \_\_\_\_\_ for \$ 2000.00. This credit has been established to enable you to arrange the issuance of a Triptyque of a Carnet de Passages en Douanes to Elizabeth K. Ralph For the 1966 Jeep Model CJ5 Automobile Serial No. 8305C16 2 17751 which Mr. Miss Ralph contemplates using in Iran.

This credit shall expire on the 30th day of October, 1968, and we agree, that if your liability on account of the issuance of the Triptyque or the Carnet de Passages en Douanes to Mr. Miss Ralph has not been discharged, to immediately pay over to you the full sum of this credit upon demand made upon us by the AMERICAN AUTOMOBILE TOURING ALLIANCE.

All drafts drawn by you on us, under the credit, should mention our Reference No. \_\_\_\_\_.

Very truly yours,

\_\_\_\_\_  
Name of Bank

BY: \_\_\_\_\_  
Name of Official

\_\_\_\_\_  
Position

(CORPORATE SEAL)

NOTE: THIS FORM MUST BE EXECUTED ON THE ISSUING BANK'S STATIONERY

DRIVER LICENSE NUMBER\*  
**R0316-21272-52214**

STATE OF NEW JERSEY  
 DIVISION OF MOTOR VEHICLES  
 DRIVER LICENSE

EXPIRATION DATE	ISSUE DATE
<b>JAN 31 69</b>	<b>JAN 14 66</b>

**ELIZABETH K RALPH**  
**BX357 HOOSAMONSA**  
**PENNINGTON N.J.**

MO	YEAR	SEX	HT	INCHES	RESTRICTIONS	FEES
<b>02</b>	<b>21</b>	<b>4</b>	<b>F</b>	<b>15</b>	<b>06 00</b>	<b>8.00</b>
BIRTH DATE	EYES	SEX	WT	HEIGHT	IF ANY	FEES

SIGN HERE X

LS 147 A(2-65)

*June Strelceki*  
 DIRECTOR

*EKR drivers license*

OCT 31 68	EBW508
EXPIRES	LICENSE PLATE NO.
STATE OF NEW JERSEY DIVISION OF MOTOR VEHICLES	
SEP 27 1967 VOID UNLESS VALIDATED	X1
PASSENGER VEHICLE REGISTRATION	
ELIZABETH K RALPH	
BX357 WOOSAMONSA	
PENNINGTON NJ	
JEE 67 RD	2 17751 1
MAKE YEAR	COLOR BODY SERIAL NUMBER WEIGHT CL.
THIS VEHICLE MUST BE INSPECTED DURING MONTH OF RENEWAL AFTER REGISTRATION HAS BEEN RENEWED.	
June Streecker DIRECTOR	

Master X

**COMBINATION PADLOCK**

(L) (R)

TO OPEN - Turn RIGHT  
two or more whole turns and  
stop at

CODE NUMBER	stop at
X20021	32

Then turn LEFT one whole turn  
past above number and stop at

6

Now turn RIGHT and stop at

0

Then PULL SHACKLE OPEN.  
TO LOCK - Turn Dial Right  
Before or After Inserting Shackle.

Master

**COMBINATION PADLOCK**

(L) (R)

TO OPEN - Turn RIGHT  
two or more whole turns and  
stop at

CODE NUMBER	stop at
X20114	30

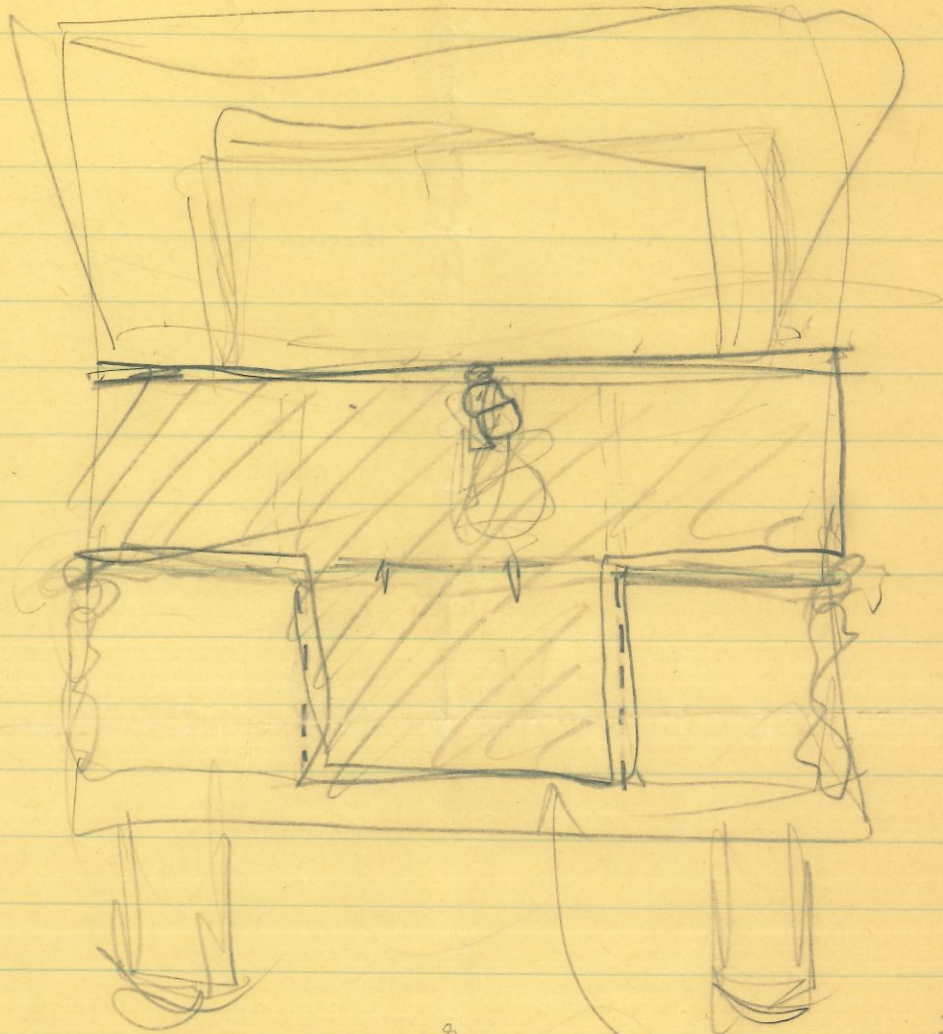
Then turn LEFT one whole turn  
past above number and stop at

16

Now turn RIGHT and stop at

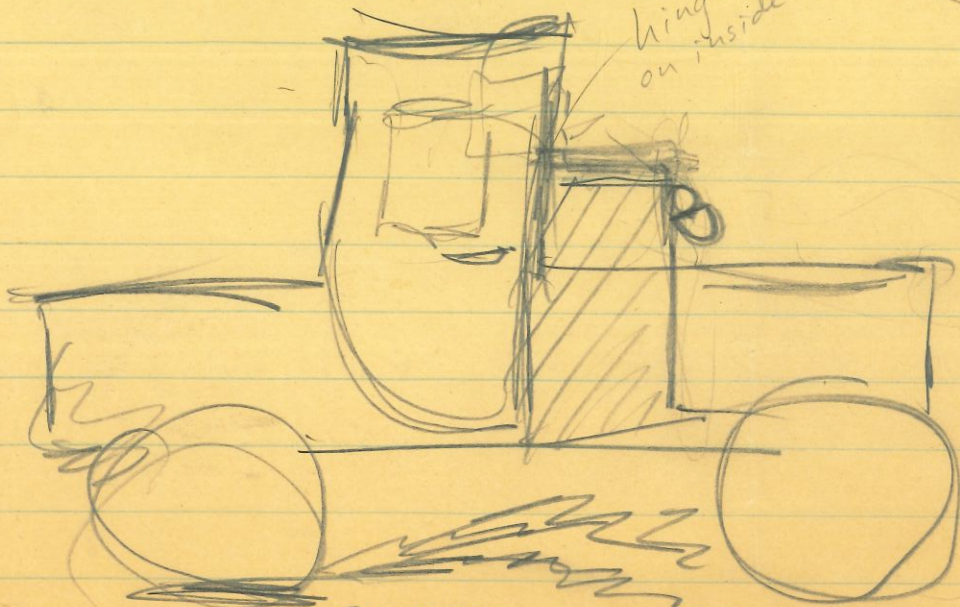
2

Then PULL SHACKLE OPEN.  
TO LOCK - Turn Dial Right  
Before or After Inserting Shackle.

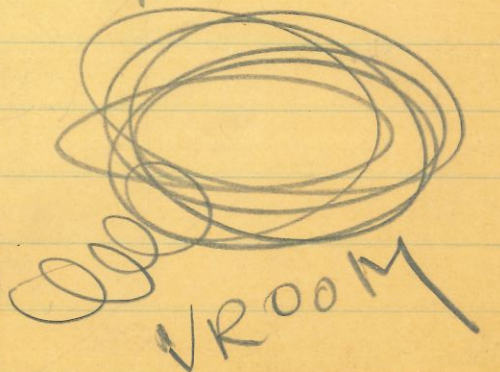


hinges  
on inside

Put inserts in floor  
so that it must  
be screwed in  
place from inside



SCREEN



VR00M

# THE UNIVERSITY MUSEUM



UNIVERSITY OF PENNSYLVANIA

THIRTY-THIRD AND SPRUCE STREETS  
PHILADELPHIA, PA. 19104

CABLE ADDRESS "ANTIQUE"  
TELEPHONE: EVERGREEN 6-7400  
(AREA CODE 215)

To whom it may concern:

I authorize Ellen Lucile Kohler to act in all matters pertaining to my Jeep vehicle which is licensed in the state of New Jersey, number EBW508, and has serial number 8305C16 2 17751.

*Elizabeth K. Ralph*

Elizabeth K. Ralph

Home address:

Box 357 Woosamonsa Road  
Pennington, New Jersey 08534  
U.S.A.



Sworn to and subscribed before me  
this 23rd day of April, 1968.

*Merrie E. Helgeson*  
Notary Public, Philadelphia, Phila. Co., Pa.

My Commission Expires March 25, 1970

April 23, 1968

# AMERICAN AUTOMOBILE TOURING ALLIANCE

220 SOUTH BROAD ST., PHILADELPHIA, PA.

## FOREIGN SERVICE SPECIFICATION SHEET

### Particulars of Car Owner

Full name Elizabeth Kennedy Ralph  
 Home Address Box 357 Woosamonsa Road, Pennington, New Jersey, USA  
 Foreign Mailing Address % Enrico Mueller, Cassano Ionio, Cosenza, Italy  
 Occupation physicist

Passport details required as under

Passport Number G160945  
 Date of issue Feb. 17, 1956  
 Where issued Washington D.C.  
 By whom issued Sec. of State Dean Rusk  
 Father's name Paul Justus Ralph  
 Mother's name Margaret Buyers Kennedy Ralph

### Particulars of Drivers of Automobiles (\*) Four photographs required.

Family name Ralph  
 Forenames Elizabeth Kennedy  
 Date of Birth February 5, 1921  
 Birthplace, Town Trenton Country New Jersey, USA  
 Home Address same as above  
 Driving License No. R0316 21273 Name of State New Jersey  
 Date of Issue Jan. 14, 66 52214 Date of Expiry Jan. 31, 69

Passport Number.....  
 Date of issue... SAME AS ABOVE  
 Where issued.....  
 By whom issued.....  
 Father's name.....  
 Mother's name.....

Family name Jameson  
 Forenames Michael Hamilton  
 Date of Birth October 15, 1924  
 Birthplace, Town London Country United Kingdom  
 Home Address 151 W. Tulpehocken, Phila., Pa.  
 Driving License No. 09964517 Name of State Penna.  
 Date of Issue Sept. 29, 1966 Date of Expiry Oct. 31, 68

Passport Number H398505  
 Date of issue May 16, 1967  
 Where issued Washington D.C.  
 By whom issued Sec. of State Dean Rusk  
 Father's name Raymond Deloy Jameson  
 Mother's name Rose Perel Jameson

Shipping Particulars : Will owner accompany car on same ship no ?

Is car booked for round trip? yes

Steamer..... Sailing Date.....  
 Port of Loading:..... Port of Discharge:.....

Homeward Sailing Embarking  
 steamer date port

### Particulars of Automobile

CHASSIS Make and Year Jeep Universal 1966  
 Serial Number 8305016 2 17751  
 Quantity of Spare Wheels one  
 ENGINE Make and Year Jeep 1966  
 Engine Number 054  
 Horsepower 33.748  
 Cylinders 6  
 Bore and Stroke 3.75 in.; 3.40 in.  
 WEIGHT 3750 lbs.  
 STATE LICENSE PLATE NUMBERS New Jersey EBW508  
 RADIO: Make none No. of Tubes..... Value.....

BODY Style or Type Jeep Universal  
 Color Red  
 Builder Kaiser Jeep Corp.  
 No. of passengers 2  
 Upholstery:—  
 Material vinyl

VALUE Price Paid \$3315.00  
 Present Value \$2600.00

TIRES How many 5

### Insurance Required

Marine: Eastbound \$..... Westbound \$.....  
 European Insurance { Public Liability, property damage, collision,  
 fire and theft.  
 PERIOD.....

NOTE:-- Compulsory Insurance Laws of Great Britain, Ireland, Denmark, Finland, Norway, Sweden, Switzerland, Germany, Belgium and Luxembourg necessitate policy number and name of company being given before touring documents can be issued.

### Countries to be visited:

Italy, Greece, Turkey, Iran, Yugoslavia, Switzerland, France, Great Britain, and Ireland

(\*) To obtain international driving license, four passport photographs of each driver must accompany this application.

### AMERICAN AUTOMOBILE TOURING ALLIANCE MEMBER CLUBS

Alabama Motor Club, Inc.- Arkansas Motor Club, Inc.- Automobile Club of America - Automobile Club of Southern California - Automobile Legal Association - Delaware Automobile Association - Florida State Automobile Association, Inc.- Georgia State Automobile Association, Inc.- Indiana Automobile Association, Inc.- Kentucky Automobile Association, Inc.- Keystone Automobile Club - Louisiana Automobile Association, Inc.- Mississippi State Automobile Association, Inc.- North Carolina State Automobile Association, Inc.- Pittsburgh Motor Club - South Carolina State Automobile Association, Inc.- Tennessee State Automobile Association, Inc.- Texas Automobile Association, Inc.- West Virginia Automobile Association, Inc.

J. MAXWELL SMITH, PRES.  
STANDISH L. MITCHELL, 1ST VICE PRES.  
PHILIP C. THIBODEAU, VICE PRES.



LEWIS W. MCINTYRE, VICE PRES.  
WILLIAM BERRY, GENERAL SECY & TREAS.  
EMIL A. ROHNER, ASST. SECY

HEADQUARTERS  
**AMERICAN AUTOMOBILE TOURING ALLIANCE**  
220 S. BROAD ST., PHILADELPHIA, PA.

FOREIGN TOURING DEPARTMENT

To the Secretary of the A.A.T.A.

1. I request to be enrolled as a member of the A.A.T.A. subject to the rules and regulations of that body.
2. I hereby declare that
  - (a) I have no place of permanent residence in any of the countries which I intend visiting.
  - (b) I hold myself responsible for any consequences (such as payment of duty, fines, taxes, etc.) which may arise as the result of false entries, misuse of documents, etc.
3. I solemnly undertake
  - (a) To respect the laws and regulations of each of the countries visited, and in particular, to refrain from placing the vehicle at the disposal of any individual or firm domiciled in the country of temporary importation.
  - (b) To arrange for the re-export of the vehicle from the countries visited within the period of validity of the covering touring documents.
  - (c) To return the documents to the American Automobile Touring Alliance, duly discharged, immediately on expiry, or as soon as the conditions for temporary importation no longer apply.
4. I shall at once take any action which may be required by the A.A.T.A. and shall refund to them or to their insurers, on first demand, any sums (including interest thereon) which may be claimed by the Customs authorities in the country of temporary importation, as well as all charges of whatsoever nature which may require to be paid in respect of discharge of the touring documents (e.g. cost of clearance operations).
5. I herewith grant full authority to the A.A.T.A. or to their insurers to take any steps which they may deem right or necessary for the due discharge of the touring documents, and in particular, in connection with the return of the vehicle to the country of origin - any expenses incurred in this respect to be borne by me.
6. I hereby authorize the United States Passport Department and/or my home country Passport Department, as well as the United States Military, Air, Naval or Marine Authorities and/or my home country Military Authorities, to reveal to the A.A.T.A., my last known address should it be sought in connection with a claim arising from the use of a customs document issued on my behalf.
7. I acknowledge the Court at London, England, to be the sole competent place of jurisdiction in regard to any disputes or claims which may arise out of the present undertaking.
8. I offer the following two personal references:

1. Name..... Froelich Rainey.....  
Address..... University Museum..... City Philadelphia..... State Pa.....  
Home Phone..... 215-NI4-9289..... Business Phone..... 215-Ev6-7400.....
2. Name..... Charles B. Kennedy.....  
Address..... Kennedy Lumber Co., 1010 E. State St..... City Trenton..... State New Jersey.....  
Home Phone..... 609-EX4-5531..... Business Phone..... 609-EX2-3151.....

(SIGNATURE)

X-\_\_\_\_\_

### REQUIRED IMMUNIZATIONS FOR ASAR EXCAVATIONS

1. SMALLPOX current within three (3) years. If not, then the vaccination MUST be carried out at least one month prior to departure so that the participants will not have an open sore during the work period.
2. TYPHOID primary immunization consists of two doses of 0.5 cc each, subcutaneously at intervals of 28 days. Booster dose of 0.5cc subcutaneously regardless of interval since original immunization.
3. CHOLERA primary immunization consists of two doses of 0.5cc and 1.0cc respectively, given a month apart subcutaneously or intramuscularly. Booster dose of 1.0cc every six months as long as protection is desired.
4. GAMMA GLOBULIN This gives short term protection against endemic and epidemic hepatitis. Therefore, it should be administered as close to departure date as possible.

### DESIRABLE BUT NOT REQUIRED

1. POLIO VACCINE Although there is at present no endemic poliomyelitis in the work areas, every individual should have oral polio vaccine at some time in the interest of public health measures to eradicate the disease.

If there is any individual medical contraindication to any of the above immunizations, please communicate with the Medical Director for further instructions.

### SUGGESTED PERSONAL MEDICAL SUPPLIES

1. Sunglasses
2. Extra pair of glasses or contact lenses
3. Salt tablets
4. Sun tan lotion or cream
5. Aspirin or Empirin Compound
6. Insect repellent
7. Band Aids
8. Special personal medications: eye drops, nose drops, ointments, pills, etc. according to individual usage.
9. Anti-diarrhea medications such as, Lo-motil tablets, paregoric, kaopectate etc.

### HEALTH INSTRUCTIONS FOR PARTICIPANTS IN ASAR EXCAVATION

You will be working in a very hot tropic-like climate and you will be exposed to a very hot tropical-like sun. Unless you have had previous experience under these conditions, you cannot possibly anticipate the drastic effects that dehydration and over-exposure to sun may have upon you if you are not prepared and do not take the proper precautions.

Even moderate physical activity under such conditions may cause severe dehydration. You will be engaged in heavy physical activity!

Under these conditions, the body rapidly loses fluid and electrolytes (essential salts and chemicals, principally salt itself). This may cause

severe weakness, dizziness, fatigue, nausea, vomiting, abdominal cramps and may even stimulate diarrhea or enteritis. There may be associated headaches and temperature elevation. Once this condition sets in, it may become disabling and difficult to reverse. At best, it will cause a loss of significant work time, at most it will require hospitalization for intravenous therapy.

Therefore, it is mandatory to remain aware of the need to drink water constantly -- a minimum of a full glass an hour, or 14 glasses a day. You will always have with you in the field an appropriate container of water. USE IT!!!

In order to offset the body salt loss, it is recommended that salt be used liberally at all meals. A personal supply of salt tablets is desirable.

Also important is the intake of fruit, juices and soups whenever available, to offset the potassium loss.

It cannot be stressed to greatly that the most important health measure on a Middle East Excavation is the proper and adequate intake of fluids and salts.

The sun is extremely penetrating and its rays burn severely. Body exposure to the sun should be gradual and limited the first week on the "dig". Have patience!! You will acquire a good tan with moderation. You will burn, blister and ache with excessive exposure to the sun. In any event, use suntan lotions or creams liberally. Cover exposed areas during critical periods.

Always wear a head covering. Sunstroke is a real phenomenon in the hot summer sun of the Middle East. People do die of it!!