

AMERICAN VISA OF DC

1801 Columbia Rd., NW #200, Washington, DC 20009

Tel: 202-462-5908 Fax: 202-387-5430

Email: info@americanvisadc.com or avodc@aol.com www.americanvisadc.com

THIS IS NOT AN APPLICATION; IT IS ONLY A COVERING LETTER FOR AMERICAN VISA OF DC

ALGERIA

Visa Requirements:

- Original signed passport valid for six months with at least one blank visa page, and must not contain any Israeli stamps or visas.
- Two TYPED visa application forms completed and signed. Both forms must include the applicant's original signature.
- Two color passport sized photos 2" X 2" ONLY on white or very light background.
- Letter of financial responsibility from the company in the USA that includes details of the nature of the trip and the name and address of the contact in Algeria (For business visa).
- Invitation letter from the company in Algeria that includes, name of traveler, exact dates of travel, purpose of visit, contact name, address and phone number of the inviting individual/organization and a Financial guarantee of traveler's expenses to and from Algeria.*Original Invitation is required if traveling on behalf of DOJ or US DOS (For business visa).
- Hotel confirmation (For tourist visa).
- Copy of flight itinerary (For tourist visa).
- Copy of the Green Card (For Non-U.S. Citizens).

Validity of Visas: Tourist visas' validity is 90 days, and business for stays of 30 days, both are valid for multiple entries.

Jurisdiction: Residents of all states can be processed in Washington DC.

Contact Person's Name: _____ Phone and email: _____

SHIPPING INSTRUCTIONS: Return completed process to:

Company Name (If applicable): _____ Contact Name _____
Address _____ Apt#/Mail Code _____
City _____ State _____ Zip Code _____
Phone # _____ Email Address _____

TRAVELER(S) INFORMATION:

Departure Date from U.S.A.: _____ **Need by this date:** _____ *Rush fees **will be** applied to meet this date **if necessary**

1) Last Name: _____ First Name _____

Passport #: _____ Passport Expires: _____ Date of Birth ____ / ____ / ____

2) Last Name: _____ First Name _____

Passport #: _____ Passport Expires: _____ Date of Birth ____ / ____ / ____

Processing Fees: (please check one)

| Processing Time: | American Visa of DC Fee: | Embassy of Algeria Fee | Outsourcing Embassy Fee | Money Order Fee: | Fed Ex Shipping Fee | TOTAL |
|------------------------|--------------------------|------------------------|-------------------------|------------------|---------------------|-------|
| 10 - 14 Business Days: | \$95 | \$160 | \$31 | \$25 | \$30 | \$341 |
| 6 - 9 Business Days: | \$150 | \$160 | \$31 | \$25 | \$30 | \$396 |

- Please add \$15 service fee for all Non-U.S. citizens, and the Embassy Fee may vary.
- RUSH processing cannot be guaranteed and are reserved for emergencies and are issued at the Embassy's discretion.
- The Embassy fee must be paid by US Postal money order only and a separate money order for the outsourcing fee. American Visa of DC will charge \$25 to obtain these money orders if not provided.

PAYMENT: (check one)

I authorize American Visa of DC to charge my credit card for payment of passport/visa services.

Card holders' name _____ Number _____ Exp. Date: _____

Signature _____ Today's Date: _____

Check or Money Order made out to "American Visa of DC" for \$ _____ enclosed.

My company has a prearranged billing agreement.

American Visa of DC Inc. assumes no responsibility for the loss, damage or delay of passports or visas caused by an Embassy, Consulate, government office, postal or courier service, delivery service or travel agency. Requirements and fees relating to this request are subject to change without notice.

IMPORTANT: False statements will lead to the application being rejected or to the annulment of a visa already granted.

| | |
|---|---|
| اللقب Last name | الاسم First name |
| الاسم قبل الزواج Maiden name | اسم آخر Middle name |
| تاريخ الميلاد Date of birth | الولاية المدنية City..... State..... |
| اسم الأب Father's name | اسم الأم Mother's maiden & first name |
| الوضعية العائلية * Marital status (*) | أعزب Single |
| | متزوج Married |
| | مطلق Divorced |
| | أرمل Widow (er) |
| | ذكر M |
| | أنثى F |
| الجنسية الحالية Present Citizenship..... | الجنس Gender (*) |
| العنوان الشخصي Personal address..... | رقم هاتف البيت Home phone |
| E-mail..... | رقم هاتف الجوال Cell phone |
| Husband-wife (٢) زوج | |
| اللقب Last name (Maiden name for wife)..... | الاسم First name |
| تاريخ الميلاد Date of birth | الولاية المدنية City..... State..... |
| Children الأطفال to be filled when they travel with you لا يملأ الا في حالة سفر الأولاد | |
| الاسم و اللقب Last & First name | تاريخ الميلاد Date of birth DAY / MONTH / YEAR |
| | مكان الميلاد Place of birth |
| | الجنسية Citizenship |
| Type of travel document جواز سفر عادي Ordinary passport | طبيعة وثيقة السفر وثيقة أخرى {توضيح} other document (give precision)..... |
| رقم Number..... | يصدر في Issued on..... |
| | ينتهي في Expire on..... |
| تأشيرة مطلوبة للدخول {*} Visa solicit for (*) | مرة واحدة 1 entry |
| | مرتين 2 entries |
| | عدة مرات several entries |
| المهنة Occupation..... | المستخدم Employer |
| العنوان المهني Address of employer | رقم هاتف المكتب Office phone |
| في حالة عبور In case of transit | الوجهة النهائية final destination |
| هل لديكم تأشيرة دخول لهذا البلد {*} Do you have visa for this country (*) | نعم Yes |
| | لا No |
| العنوان أثناء الإقامة Address during your stay..... | |
| غرض الإقامة Purpose | |
| اسم الشخص المقصود في الجزائر Name of your contact in Algeria..... | رقم الهاتف Phone..... |
| مدة الإقامة Length of stay | من From |
| | إلى To..... |
| هل سبق لكم زيارة الجزائر ؟ Have you already visited Algeria? | |
| كم مرة زرت الجزائر ؟ Number of visits..... | في أي تاريخ ؟ when? |
| | مدة الإقامة Length of stay |
| التزم بمغادرة الإقليم بعد انقضاء أجل التأشيرة التي ستمنح لي و بعدم قبول اي عمل ماجور او غير ماجور خلال إقامتي، و بعدم الإقامة بصفة نهائية | |
| I undertake to leave the Algerian territory at the expiration of the visa which would be granted to me, and to refuse any employment being paid or not, during my stay, and to not establish me there | |
| هام : تملأه جميع الخانات بحروف واضحة، في حالة خطأ أو عدم ملئ بعض الخانات لن يرد على طلبكم | |
| IMPORTANT: All categories must be completed in CAPITAL LETTERS in case mistakes or omissions; your application will be rejected | |
| (*) Put an X in the category corresponding to your answer | |
| التاريخ، وإمضاء المعني {صاحب الطلب} | |
| DATE AND APPLICANT SIGNATURE | |

الرجاء الصاق الصورة هنا

Please you must attach photo here

خاص بالإدارة
For office use only

رقم الطلب
Application Number

تاريخ الإيداع
Received on

عدد مرات الدخول المرخصة
Nbr. of authorized entries

مدة الإقامة
Duration of stay

الضريبة المستحقة
Tax

تاريخ صدور التأشيرة
Issued on

التاريخ المحدد للاستعمال
Date limit of utilization

رئيس المركز (الامضاء و الختم)
Chief of post (Signature and stamp)