

AMERICAN VISA OF DC
1801 Columbia Rd., NW #200, Washington, DC 20009
Tel: 202-462-5908 Fax: 202-387-5430
Email: info@americanvisadc.com www.americanvisadc.com

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

LIBERIA - USA Citizens

Visa Requirements:

- Signed Passport valid for six months with at least one blank visa page.
- Two visa application forms signed and dated.
- Two color passport sized photos 2" x 2" ONLY on white or very light background.
- A letter of financial responsibility from the company in the U.S.A. (For business visa).
- Copy of flight itinerary from the travel agent or a copy of tickets (For tourist visa).
- Valid Health Certificate - Yellow Fever.
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Validity of Visas: USA citizens are only eligible for the one year multiple entry visa.

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:	Liberian Embassy Fee	Money Order Fee	Fed Ex Shipping Fee	TOTAL
<input type="checkbox"/>	10 - 14 Days Multi Entry 1 year:	\$75	\$160	\$25	\$35*	\$295
<input type="checkbox"/>	4 - 9 Days Multi Entry 1 year:	\$125	\$210	\$25	\$35*	\$395
<input type="checkbox"/>	1 - 3 Days Multi Entry 1 year:	\$150	\$210	\$25	\$35*	\$420
<input type="checkbox"/>	SAME DAY Multi Entry 1 year :	\$200	\$235	\$25	\$35*	\$495

- The fees listed above are for USA citizens. All Non-U.S. citizens please call or email for a schedule of fees.
- *The Fed Ex Shipping Fee is merely an estimate for a priority return, actual fee may vary slightly.

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. All service fees and Embassy Fees are NON-REFUNDABLE and not dependant on the visa being issued or declined. Requirements and fees relating to this request are subject to change without notice.



Visa Application Form

Embassy of the Republic of Liberia, U.S.A

5201 16th Street N.W.
Washington D.C., 20011
Ph: (202)723-0437
Fax: (202)723-0436 Web: www.liberianembassyus.org

Place Photo here

Fees

U.S. Citizens	ECOWAS Citizens	All Others	Service Fees
1 Year Multiple Entry Visa U.S. \$160 This is the only Visa available to U.S Citizens	No Visa Required	Single: 1-3 Mos. - U.S. \$70 Multiple 1 Yr. - U.S. \$150 Multiple 2 Yrs. - U.S. \$250 Multiple 3 Yrs. - U.S. \$350	Same day - U.S. \$75 Next day - U.S. \$50

PERSONAL INFORMATION

<input type="text"/> First Name	<input type="text"/> Middle Initial	<input type="text"/> Last Name
<input type="text"/> Date of Birth: DD/MM/YYYY	<input type="text"/> Place Of Birth: City or State	<input type="text"/> Country
<input type="text"/> Nationality	<input type="text"/> Mother's Name: First, Last	<input type="text"/> Father's Name: First, Last

CONTACT INFORMATION

<input type="text"/> Address: Street	<input type="text"/> City or State	<input type="text"/> Zip Code or Country
<input type="text"/> Telephone Number: Must be a working Number	<input type="text"/> Email Address if any	
<input type="text"/> Contact in Liberia: First Name	<input type="text"/> Contact in Liberia: Last Name	
<input type="text"/> Address of Contact in Liberia: Street or Area, City	<input type="text"/> County	<input type="text"/> Contact Phone no.
<input type="text"/> Your Address in Liberia: Street, Area or Hotel Name	<input type="text"/> Your Address in Liberia: City, County or Other Details	

PASSPORT INFORMATION

<input type="text"/> Passport Number	<input type="text"/> Nationality
<input type="text"/> Place Issued: CITY	<input type="text"/> STATE or COUNTRY
<input type="text"/> Date Issue: DD/MM/YYYY	<input type="text"/> Expires: DD/MM/YYYY



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TRAVEL INFORMATION

Visa Type: Check One Box	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Single: 1-3 mos.	<input type="checkbox"/> Multiple 1 Yr.	<input type="checkbox"/> Multiple 2 Yrs.	<input type="checkbox"/> Multiple 3Yrs.
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Date of Travel: DD/MM/YYYY

Purpose of Trip, enter all applicable below: Family visit, Tourist, Business, Diplomatic, Official, Employment, Other

Date of Last Visit to Liberia: MM/YYYY

Time Spent In Liberia

DAYS

WEEKS

MONTHS

YEARS

I declare under penalty of perjury, that the information furnished in this application is true, and that the photograph here supplied is a recent picture of the applicant.

Signature of Applicant / date of application _____ / _____

OR Name of person filing this form _____

Signature of person filing this form / date _____ / _____

FOR OFFICIAL USE ONLY

Visa Number:

Date Issued:

Expiration Date:

Application Approved: _____

Date Approved: _____