

AMERICAN VISA OF DC

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

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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

SAUDI ARABIA - USA Citizens

Visa Requirements:

- Original signed passport valid for six months with at least two blank visa pages side-by-side.
One visa application form completed and signed.
One color passport sized photo 2" x 2" ONLY on white background.
Copy of the approval/invitation from the Saudi Arabian Foreign Ministry.
A letter of financial responsibility from the company in the U.S.A. (For business visa).
Copy of marriage license, birth certificate and inviter's Iqama card (For family visit visa).
Copy of the Green Card (For Non-U.S. Citizens).
Completed and paid "Enjaz Form": To expedite the process, the visa application, photo, and invitation letter may be emailed to our office PRIOR to sending the documents overnight to us.

Validity of Visas: Visas are valid as indicated on each invitation letter and at the discretion of the visa officer of Saudi Arabia.

Jurisdiction: Residents of all states can be processed in Washington DC if the invitation names DC as the place of issue. If the invitation states New York, Houston, Los Angeles then we will obtain the visa from our affiliate offices in those areas.

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)

Table with 6 columns: Processing Time, American Visa of DC Fee, Saudi Arabia Embassy Fee, Enjaz and Payment Fee, Fed Ex Shipping Fee, TOTAL. Rows include 8-14 Business Days, 4-7 Business Days, 2-3 Business Days, and 24 HOURS.

- All applications that are for Non-U.S. citizens have a greater Embassy fee and mandatory insurance requirement. Please call our office for the approximate costs.
Rush services cannot be guaranteed, and are processed at the discretion of the Embassy.

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.

صورة

Photo



سفارة المملكة العربية السعودية  
واشنطن  
القسم القنصلي

Royal Embassy of Saudi Arabia  
Washington  
Consular Section

الإسم الكامل:	Last Name:	Middle Name:	First Name:
اسم الأم:	Mother's Name:		
محل الولادة:	Place of Birth:	تاريخ الولادة:	Date of Birth:
الجنسية الحالية:	Present Nationality:	الجنسية السابقة:	Previous Nationality:
رقم الجواز:	Passport No:	محل الإصدار:	Place of Issue:
تاريخ الإصدار:	Date of Issue:	تاريخ انتهاء صلاحية الجواز:	Expiration Date:
الحالة الاجتماعية:	Martial Status:	الجنس:	Sex:
متزوج <input type="checkbox"/> عازب <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/>		أنثى <input type="checkbox"/> ذكر <input type="checkbox"/>	Female <input type="checkbox"/> Male <input type="checkbox"/>
الديانة:	Religion:		
المهنة:	Qualification:	المؤهل العلمي:	Profession:
عنوان المنزل ورقم التلفون:	Home Address and Telephone No.:		

البريد الإلكتروني:	E-mail Address:
عنوان الشركة (المؤسسة) ورقم التلفون:	Business Address and Telephone No.:

الغاية من السفر:	Purpose of Travel:
<input type="checkbox"/> شخصية <input type="checkbox"/> خاصة <input type="checkbox"/> دبلوماسية <input type="checkbox"/> حج <input type="checkbox"/> عمرة <input type="checkbox"/> دراسية <input type="checkbox"/> إقامة <input type="checkbox"/> عمل <input type="checkbox"/>	<input type="checkbox"/> Personnel <input type="checkbox"/> Special <input type="checkbox"/> Diplomat <input type="checkbox"/> Hajj <input type="checkbox"/> Umrah <input type="checkbox"/> Student <input type="checkbox"/> Residence <input type="checkbox"/> Employment
<input type="checkbox"/> زيارة عائلة <input type="checkbox"/> حكومية <input type="checkbox"/> رجال اعمال <input type="checkbox"/> تجارية <input type="checkbox"/> سياحة <input type="checkbox"/> مرور <input type="checkbox"/> تمديد عودة <input type="checkbox"/>	<input type="checkbox"/> Family Visit <input type="checkbox"/> Government <input type="checkbox"/> Businessmen <input type="checkbox"/> Commerce <input type="checkbox"/> Tourism <input type="checkbox"/> Transit <input type="checkbox"/> Re-Entry

طريقة الدفع:	Method of Payment: Company Check: [ ] Money Order: [ ]
اسم وعنوان الشركة أو اسم الشخص الداعي وعنوانه بالمملكة:	Name and Address of Company or Individual invitee in the Kingdom:

معلومات السفر:	Travel Information:
Date of arrival in Saudi Arabia: <input type="text"/> Via Airline: <input type="text"/> Flight No: <input type="text"/>	
City of Embarkation: <input type="text"/> Port of Entry: <input type="text"/>	
Duration of Stay in the Kingdom: <input type="text"/>	

اسم المحرم:	اسم المحرم:
Relationship of the person traveling with:	Name of traveling companion: <input type="text"/>

\*\*\* Application must be filed out its entirety \*\*\*

I, the undersigned, hereby certify that:

- أنا الموقع أدناه اوافق على اخذ بصمة الاصابع وقزحية العين
- أقر بأن كل المعلومات التي دونتها صحيحة وسأكون ملتزماً بقوانين المملكة أثناء فترة وجودي بها.
- I agree to have my fingerprints taken and my retinal scanned.
- All the information provided is correct. I will abide by the laws of the Kingdom during the period of my residence.

التاريخ:

التوقيع:

الإسم:

Name:	Signature:	Date:
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