

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

SUDAN

Visa Requirements:

- Original signed passport valid for six months with at least one blank visa page.
- One visa application form completed and signed.
- One color passport sized photo 2" X 2" ONLY on white background.
- Letter of financial responsibility from the company in the USA (business visa).
- Invitation from the organization in Sudan (mission/volunteer visa).
- Copy of flight itinerary and hotel confirmation (tourist visa).
- An approval from Ministry of Foreign Affairs with reference # (business or tourist visa)
- Copy of the Green Card (For Non-U.S. Citizens).

Validity of Visas: Tourist and business visas' validity is for stays of up to 30 days.

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:	Sudan Embassy Fee	Money Order Fee	Fed Ex Shipping Fee	TOTAL
15 - 20 Bus. days (w/out approval):	\$95	\$154	\$25	\$30	\$304
10 - 14 Bus. days (w/out approval):	\$125	\$154	\$25	\$30	\$334
1 - 2 Business days (w/approval):	\$150	\$154	\$25	\$30	\$359

- Please add \$15 service fee for all Non-U.S. citizens, and the Embassy fee may vary.

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.



For Official Use Only

Visa #: _____

Date: _____

Application for Visa

Telephone (home): (____) ____ - _____

Telephone (work): (____) ____ - _____

Full Name: _____

Sex: M ____ F ____

Nationality: _____

Occupation: _____

Date of Birth: _____

Place of Birth: _____

Present Address: _____

Address in Sudan: _____

Destination(s) in Sudan: _____

Period of stay: _____

Purpose of visit: _____

Date of arrival in Sudan: _____

Passport number: _____

Place of issue: _____

Date of issue: _____

Valid until: _____

Names and complete addresses of 2 references in Sudan

Name: _____

Address: _____

Name: _____

Address: _____

Duration of previous residence in Sudan and last address before leaving Sudan:

Name of country (other than Sudan) for which applicant holds a valid permit to enter:

Names of children under sixteen (16) year accompanying the applicant:

Name:	Age:	Sex:	
_____	_____	M _____	F _____
_____	_____	M _____	F _____
_____	_____	M _____	F _____

Signature of Applicant

Place and Date



For Official Use Only

Approved by: _____

Receipt #:

Date Received: