

# AMERICAN VISA OF DC

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

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

Email: [info@americanvisadc.com](mailto:info@americanvisadc.com) or [avodc@aol.com](mailto:avodc@aol.com) [www.americanvisadc.com](http://www.americanvisadc.com)

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

## TANZANIA

### Visa Requirements:

- Original signed passport valid for six months with at least one blank visa page.
- One visa application form completed and signed.
- Two color passport sized photos 2" X 2" ONLY on white background.
- Copy of flight itinerary or a copy of tickets (tourist AND business).
- Copy of bank statement or invoice receipt from the touring company (tourist visa).
- A letter of financial responsibility from the company in the USA (business visa).
- Invitation from sponsor in Tanzania (volunteer visa).
- Copy of the Green Card (For Non-U.S. Citizens).

**Validity of Visas:** Visas are valid for one year and allow for stays of up to 90 days for USA citizens.

**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 Per Person: (please check one)

Processing Time:	American Visa of DC Fee:	Tanzanian Embassy Fee	Money Order Fee	Fed Ex Shipping Fee	TOTAL
8 - 14 Business Days:	\$65	\$100	\$25	\$30	\$220
3 - 7 Business Days:	\$125	\$120	\$25	\$30	\$300
1 - 2 Business Days:	\$150	\$150	\$25	\$30	\$355
SAME DAY:	\$200	\$200	\$25	\$30	\$455

- 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. 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.



# THE EMBASSY OF THE UNITED REPUBLIC OF TANZANIA.

2139 R Street, NW Washington, DC, 20008.  
Tel. (202) 939.6125 and (202) 884.1080 Fax (202) 797.7408.

**FOR OFFICIAL USE ONLY**

GRR NO. \_\_\_\_\_  
VISA NO. \_\_\_\_\_  
Ref. NO. \_\_\_\_\_

## VISA APPLICATION FORM.

(Visa Regulations on the next page).

2 Passport Size  
Photograph  
**Size: 2x2**  
Do not paste or  
staple

- Surname or Family Name (Mr./Mrs./Miss/Ms/Dr./Prof.) \_\_\_\_\_  
First Names in Full \_\_\_\_\_  
Former or Maiden Name (if different from above) \_\_\_\_\_
- Date of Birth (DD/MM/YY) \_\_\_\_\_ Sex (M/F) \_\_\_\_\_
- Place of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_  
Current Nationality (State if Dual Nationality) \_\_\_\_\_  
Nationality at Birth \_\_\_\_\_
- Marital Status (Mark):  Single  Married  Divorced  Widowed  Legally Separated.
- Passport No \_\_\_\_\_ Date Issued \_\_\_\_\_ Valid Until \_\_\_\_\_  
Issued At \_\_\_\_\_ Issuing Authority \_\_\_\_\_
- Profession/Occupation \_\_\_\_\_  
Employer Address: \_\_\_\_\_
- Current Address \_\_\_\_\_  
Tel. \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_
- Name of Travel Agent/Tour Operator \_\_\_\_\_
- Contact Person(s) in Tanzania \_\_\_\_\_  
Address \_\_\_\_\_
- Date of Entry \_\_\_\_\_ Departure Date \_\_\_\_\_  
Duration of Stay \_\_\_\_\_ (Max. 90 Days)
- Type of Visa Requested**  Travel Visa  Transit Visa
- 11. Purpose of visit**

<input type="checkbox"/> Leisure, Holiday <input type="checkbox"/> Visiting friends, relatives <input type="checkbox"/> Mission <input type="checkbox"/> Meeting, Conference	<input type="checkbox"/> Other Business <input type="checkbox"/> Study <input type="checkbox"/> Transit <input type="checkbox"/> Health Treatment	<input type="checkbox"/> Various <input type="checkbox"/> Diplomatic <input type="checkbox"/> Official <input type="checkbox"/> Same day visitor
---	--	---
- Requested Number of Entries:  Single  Double  Multiple.
- In Case Of Transit: Do you have an Entry Permit for the Final Country of Destination?  No  Yes Valid Until:
- Budget Available For Your Stay \_\_\_\_\_
- I Hereby Declare That The Information Stated Above Is True And Correct :

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_