

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

UGANDA

Visa Requirements:

- Original signed passport valid for six months with at least one blank visa page.
- One [visa application](#) form filled online.
- One color passport sized photo 2" X 2" ONLY on white or very light background.
- Letter of financial responsibility from the company in the USA ([business visa](#)).
- Invitation from the organization in Uganda ([For mission/volunteer visa](#)).
- Copy of flight itinerary and hotel confirmation ([For tourist visa](#)).
- An international inoculation certificate against Yellow Fever.
- Copy of the Green Card ([For Non-U.S. Citizens](#)).

Validity of Visas: Tourist and business visas' validity is up 90 days for single and 180 days for multiple entry visas.

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:	Uganda Embassy Fee	Money Order Fee	Fed Ex Shipping Fee	TOTAL
8 - 14 Business Days:	\$65	\$100	\$25	\$30	\$220
3 - 7 Business Days:	\$95	\$130	\$25	\$30	\$280
1 - 2 Business Days:	\$125	\$130	\$25	\$30	\$310

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