

VIP PASSPORT SERVICES, INC.

2012 Louisiana Street
Houston, Texas 77002
713-659-8472 1-800-856-8472 Fax 713-659-3767
Website: www.vippassports.com Email: vipinfo@vippassports.com



WORK ORDER REQUEST FORM

TRAVELER INFO

TRAVELER NAME

TRAVELER DATE OF BIRTH

DATE OF U.S. DEPARTURE

DATE PASSPORT IS NEEDED

VIP FILE LOCATOR NUMBER

DON'T FORGET
TO FAX OR EMAIL
YOUR DOCUMENTS TO
OUR OFFICE FOR OUR
COMPLIMENTARY
PASSPORT/VISA
PRE-CHECK!

BILLING INFORMATION (CHECK BOX IF SAME AS SHIPPING)

CONTACT & COMPANY NAME

ADDRESS (STREET, CITY, STATE, ZIP)

PHONE NUMBER

CELL NUMBER

FAX NUMBER

EMAIL

P.O. OR BILLING REF#:

RETURN SHIPPING INFORMATION (CHECK BOX TO WAIVE SIGNATURE)

CONTACT & COMPANY NAME

ADDRESS (STREET, CITY, STATE, ZIP)

PHONE NUMBER

CELL NUMBER

FAX NUMBER

EMAIL

METHOD OF PAYMENT

CREDIT CARD

CARD NUMBER

EXP. DATE

CVV CODE

SIGNATURE OF CARD HOLDER

AUTH. AMOUNT \$_____

MONEY ORDER

CASHIER'S CHECK

COMPANY CHECK

SPECIAL INSTRUCTIONS: _____

SPECIALIZING IN VISAS, PASSPORTS, DOCUMENT TRANSLATIONS & LEGALIZATIONS

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ALGERIA WORK VISA

U.S. PASSPORT HOLDER

DOCUMENTS REQUIRED

PLEASE FORWARD THIS SHEET AND ALL THE REQUIREMENTS TO THE ADDRESS LISTED ABOVE

VALID PASSPORT:	1	APPLICATION (S):	2-TYPED
PASSPORT TYPE PHOTO (S):	2-COLOR	TRAVEL ITINERARY:	1-COPY
ORIGINAL COMPANY LETTER:	1	ORIGINAL CONTRACT:	1
ORIGINAL INVITATION:	1	ORIGINAL A.P.T.:	1

OTHER: SEE NEXT PAGES FOR MORE DETAILED INSTRUCTIONS.

PROCESSING FEES

(PER APPLICANT)

VIP SERVICE FEE: (REGULAR PROCESS)	<u>\$95.00</u>
CONSULATE FEE: (SEE NEXT PAGE)	<u> </u>
MONEY ORDER:	<u>\$6.00</u>
OTHER FEES: _____	<u> </u>
RETURN SHIPPING FEE:	<u> </u>
TOTAL: (NO PERSONAL CHECKS PLEASE)	<u> </u>

RETURN SHIPPING FEES (SELECT ONE)	
<input type="checkbox"/> PRIORITY OVERNIGHT	\$35.00
<input type="checkbox"/> 2-DAY LETTER	\$27.50
<input type="checkbox"/> 3-DAY LETTER	\$22.50
<input type="checkbox"/> SATURDAY LETTER	\$49.00
<input type="checkbox"/> 1 ST OVERNIGHT LETTER	\$85.00

REGULAR PROCESS TIME:	7 TO 10 DAYS

COMMENTS: THE EMBASSY IS CLOSED EVERY MONDAY & TUESDAY. THE EMBASSY
RECOMMENDS THAT YOU DO NOT BUY NON-REFUNDABLE OR UNCHANGEABLE
TICKETS UNTIL THE VISA HAS BEEN ISSUED AND THE PASSPORT IS IN-HAND.

REVISED 12-12-2018 JENN



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ALGERIA WORK VISA

U.S. PASSPORT HOLDER

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

- 1.) **U.S. PASSPORT** (MINIMUM OF 6 MONTHS VALIDITY)
- 2.) **TWO (2) PASSPORT - TYPE PHOTOGRAPHS** (2x2)
- 3.) **TWO (2) COMPLETED APPLICATIONS** (MUST BE TYPED WITH ORIGINAL, PEN-IN-HAND SIGNATURE)
- 4.) **COPY OF TRAVEL ITINERARY**
- 5.) **ONE (1) COMPANY LETTER OF GUARANTEE (ORIGINAL)** (MENTION IN THE LETTER THAT ONCE THE CONTRACT HAS BEEN COMPLETED THE APPLICANT WILL REPATRIATE BACK TO THE U.S. AND WILL BE EMPLOYED BY YOUR COMPANY)
- 6.) **INVITATION FROM ALGERIA SPONSOR COMPANY (ORIGINAL)** (MENTION IN THE LETTER THAT ONCE THE CONTRACT HAS BEEN COMPLETED THE APPLICANT WILL REPATRIATE BACK TO THE U.S. AND WILL CONTINUE HIS EMPLOYMENT WITH THE U.S. COMPANY) – STAMPED BY THE MINISTRY
- 7.) **TEMPORARY EMPLOYMENT AUTHORIZATION (ORIGINAL) APPROVED BY THE ALGERIAN MINISTRY OF LABOR** (“AUTORIZATION PROVISOIRE DE TRAVAIL OR A.P.T.”) – STAMPED BY THE MINISTRY
- 8.) **ONE (1) CONTRACT BETWEEN ALGERIA SPONSOR AND APPLICANT (ORIGINAL)** – STAMPED BY THE MINISTRY
- 9.) **CONSULATE FEE:** \$190.00

PLEASE NOTE: ON THE APPLICATION WHERE IT ASKS FOR PURPOSE OF TRAVEL, BE SURE TO LIST THE PURPOSE OF VISIT INFORMATION IN DETAIL. THE EMBASSY WILL REJECT THE APPLICATION IF APP ONLY LISTS “WORK” OR “VISIT” ETC. BE SURE TO LIST EXACTLY WHY THE APPLICANT IS TRAVELING TO ALGERIA. THE CONSULATE WILL NOT ISSUE THE VISA THE PASSPORT CONTAINS AND ISRAELI ENTRY/EXIT STAMP.

VALIDITY: THE EMBASSY WILL NORMALLY ISSUE THE VISA ACCORDING TO THE DATES LISTED ON THE APPLICATION. BE SURE TO LIST ON THE APPLICATION WHERE IT ASK FROM WHAT DATE YOU ARE REQUESTING THE VISA TO BE VALID FROM (PLEASE LIST THE EARLIEST POSSIBLE ENTRY DATE). **ONCE THE VISA HAS BEEN ISSUED THIS DATE CANNOT BE CHANGED.** THE VALIDITY, DURATION OF STAY, AND NUMBER OF ENTRIES OF THE VISA IS ISSUED AT THE DISCRETION OF THE CONSULAR OFFICERS, WHOSE DECISIONS ARE BASED ON THE LAWS AND REGULATIONS OF ALGERIA.

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EXAMPLE OF A COMPANY LETTER OF GUARANTEE

DO NOT ATTENTION THIS LETTER TO VIP SERVICES!

DATE: _____

EMBASSY/CONSULATE OF: _____

GENTLEMEN:

MR. / MRS. **(TRAVELER)** IS ONE OF OUR EMPLOYEES WHO IS ENGAGED AS **(POSITION)** FOR **(COMPANY NAME)**. MR. / MRS. **(TRAVELER)** PLANS TO VISIT **(CITY)** FOR THE PURPOSE OF **(DETAILED EXPLANATION OF TRIP)** WITH **(COMPANY TO BE VISITED)**.

MR. / MRS. **(TRAVELER)** WILL BE DEPARTING THE UNITED STATES ON **(DATE)** AND WILL BE STAYING FOR **(LENGTH OF TRIP)**. OUR COMPANY, **(EMPLOYER)**, WILL GUARANTEE MR. / MRS. **(TRAVELER)** MAINTENANCE AND WILL BE RESPONSIBLE FOR HIS / HER WELFARE WHILE IN YOUR COUNTRY. HE / SHE IS IN POSSESSION OF SUFFICIENT FUNDS FOR HIS / HER STAY AND HAS PREPAID TRANSPORTATION TO RETURN TO THE UNITED STATES.

WE WOULD BE VERY APPRECIATIVE IF YOU WOULD ISSUE MR. / MRS. **(TRAVELER)** THE APPROPRIATE **(LIST THE TYPE OF VISA)** AT YOUR EARLIEST CONVENIENCE.

THANK YOU,

Supervisor's Signature Here

SUPERVISOR NAME

SUPERVISOR TITLE

PLEASE BE SURE THAT THE PERSON WHO AUTHORIZED YOUR TRIP SIGNS THIS LETTER. THE TRAVELER SHOULD NOT SIGN THIS LETTER.

Specializing in Visas, Passports, Document Legalization and Translations

Adresse en Algérie:

N.I.S.

Numéro d'Article:

TIN

ENGAGEMENT DE RAPATRIEMENT

CONFORMEMENT A L'ARTICLE 5 BIS 1 ALINEA 6 ET 7 DU

DECRET PRESIDENTIEL 03 25 1 DU 19 JUILLET 2003

Je soussigne

Agissant en qualité de ...

Au nom de l'organisme employeur

M'ENGAGE A RAPATRIER LE RESSORTISSANT ETRANGER.

Mr

De nationalité , Occupant le poste de

Passeport N° délivré le

A LA RUPTURE DE LA RELATION DE TRAVAIL.

OU A LA FIN DE SON CONTRAT

Le Directeur de Personnel

مديرية التشغيل لولاية ورقلة
رقم

رخصة فردية مؤقتة للعمل

طبقاً للمادة 05 مكرر الفقرة 6 و 7 من المرسوم الرئاسي رقم 03-251 المؤرخ في 2003.07.19
المتعلق بوضعية العمال الأجانب بالجزائر ، تمنح رخصة مؤقتة للعمل لـ :

الإسم : ..
اللقب : ..
مكان الميلاد : ..
إيـن : ..
من جنسية : ..
جواز سفر رقم : ..
من طرف : ..
لـيشغل منصب العمل : ..
بشركة : ..
لمدة : ..
من : ..
إلى : ..

صالح إلى غاية

للمصادرة بتاريخ

حرر في

مدير التشغيل لولاية

هام : تسلم هذه الرخصة لطلب تأشيرة العمل للدخول للجزائر فقط و لا يمكن لحاملها العمل دون الحصول على جواز العمل أو رخصة عمل مؤقت.

- تقدم الهيئة المستخدمة طلب جواز العمل أو رخصة العمل المؤقت لدى مصالح مديرية التشغيل في أجل أقصاه خمسة عشر يوم من تاريخ دخول العامل الأجنبي التراب الوطني.

MINISTERE CHARGE DE L'EMPLOI

ANNEXE 2

AGENCE NATIONALE DE L'EMPLOI

MAIN D'OEUVRE ETRANGERE

WILAYA DE : TAREF

(Loi n° 81-10 du 11 juillet 1981

DATE ET N° :

- Décret n° 82-510 du 25 décembre 1982

CONTRAT DE TRAVAIL

Je soussigné :

Agissant en qualité de :

Au nom de l'organisme employeur ci-après désigné :

Nature de l'activité de l'organisme employeur :

M'engage à assurer un travail continu, pour une durée de (1) **12 mois**

A compter du **01 février 2011** en qualité de :

A monsieur, ~~Mme~~ **Melle** :

Nationalité :

Date et lieu de naissance :

Adresse en Algérie :

Qualification professionnelle :

Lieu de l'emploi :

Salaire mensuel net : Brut :

Prime et d'indemnité (nature et montant) :

Avantages en nature : logement, scolaire,

Affiliation à la sécurité sociale :

Dans le pays d'origine : **Non**

En Algérie (2) : **Oui**

Signature du travailleur étranger :

Fait à **Alger**

Le **16 janvier 2011**

Cachet de l'organisme employeur

Nom et prénom du signataire :

(1) la durée du contrat de travail ne saurait être inférieure à trois mois ni supérieure à deux ans
(2) rayer l'une des mentions s'il y a lieu.

IMPORTANT: False statements will lead to the application being rejected or to the annulment of a visa already granted.

اللقب Last name الاسم قبل الزواج Maiden name تاريخ الميلاد Date of birth (DAY/MONTH/YEAR) اسم الأب Father's name الوضع العائلي * Marital status (*) الجنسية الحالية Present Citizenship..... العنوان الشخصي Personal address..... E-mail.....	الاسم First name اسم آخر Middle name المدينة City..... اسم الأم Mother's maiden & first name مطلق Divorced أرمل Widow (er) الجنس Gender (*) ذكر M أنثى F رقم هاتف البيت Home phone رقم هاتف الهاتف Cell phone	الرجاء الصاق الصورة هنا Please you must attach photo here
زوج (ة) Husband-wife (e) اللقب Last name (Maiden name for wife)..... تاريخ الميلاد Date of birth (DAY/MONTH/YEAR) المدينة City..... الولاية State		خاص بالإدارة For office use only
الأطفال الأطفال to be filled when they travel with you لا يملأ إلا في حالة سفر الأولاد الجنسية Citizenship		رقم الطلب Application Number
الاسم واللقب Last & First name تاريخ الميلاد Date of birth DAY/MONTH/YEAR مكان الميلاد Place of birth الجنسية Citizenship		تاريخ الإيداع Received on
نوع وثيقة السفر طبيعية وثيقة السفر جواز سفر عادي Ordinary passport رقم Number..... وثيقة أخرى (توضيح) other document (give precision)..... الصادر Issued on..... DAY/MONTH/YEAR ينتهي في Expire on..... DAY/MONTH/YEAR		عدد مرات الدخول المرخصة Nbr. of authorized entries
تأشيرة مطلوبة للدخول {*} Visa solicit for (*) مرة واحدة 1 entry مرتين 2 entries عدة مرات several entries		مدة الإقامة Duration of stay
المهنة Occupation..... العنوان المهني Address of employer رقم هاتف المكتب Office phone		الضريبة المستحقة Tax
الوجهة النهائية final destination هل لديكم تأشيرة دخول لهذا البلد (*): Do you have visa for this country (*) نعم Yes لا No		تاريخ صدور التأشيرة Issued on
العنوان أثناء الإقامة Address during your stay..... عرض الإقامة Purpose اسم الشخص المقصود في الجزائر Name of your contact in Algeria..... رقم الهاتف Phone..... مدة الإقامة Length of stay من From إلى To		التاريخ المحدد للاستعمال Date limit of utilization
هل سبق لكم زيارة الجزائر ؟ Have you already visited Algeria? كم مرة زرت الجزائر ؟ Number of visits..... في أي تاريخ ؟ when? مدة الإقامة Length of stay		رئيس المركز (الامضاء و الختم) Chief of post (Signature and stamp)
التزم بمغادرة الإقليم بعد انقضاء أجل التأشيرة التي ستمنح لي و بعدم قبول اي عمل ماجور او غير ماجور خلال إقامتي، و بعدم الإقامة بصفة نهائية I undertake to leave the Algerian territory at the expiration of the visa which would be granted to me, and to refuse any employment being paid or not, during my stay, and to not establish me there هام : تملأه جميع الخانات بحروف واضحة، في حالة خطأ أو عدم ملئ بعض الخانات لن يرد على طلبكم IMPORTANT: All categories must be completed in CAPITAL LETTERS in case mistakes or omissions; your application will be rejected (*) Put an X in the category corresponding to your answer ضع علامة X في الجواب المختار		
التاريخ، وإمضاء المعني { صاحب الطلب } DATE AND APPLICANT SIGNATURE		