

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

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



ALGERIA BUSINESS VISA

NON-U.S. PASSPORT HOLDER

DOCUMENTS REQUIRED

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

VALID PASSPORT:	1	APPLICATION (S):	1
PASSPORT TYPE PHOTO (S):	2-COLOR	TRAVEL ITINERARY:	1-COPY
COMPANY LETTER:	1	INSURANCE LETTER:	SEE NEXT PAGE
INVITATION LETTER:	1		

ALL NON – US PASSPORT HOLDERS MUST ALSO SUBMIT VALID PROOF OF U.S. STATUS – ORIGINAL U.S. VISA OR COPY OF FRONT & BACK OF PERMANENT RESIDENT CARD.

FOR ALL U.S. VISA HOLDERS, PLEASE BE SURE TO ALSO SEND A COPY OF YOUR MOST RECENT I-94 (VISIT [HTTPS://I94.CBP.DHS.GOV](https://i94.cbp.dhs.gov)).

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>
ADD RETURN SHIPPING FEE:	<u> </u>
TOTAL: (NO PERSONAL CHECKS PLEASE)	<u> </u>

<u>RETURN SHIPPING FEES (SELECT ONE)</u>	
<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 BUSINESS DAYS
------------------------------	------------------------------

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

REVISED 5-31-2018 JENN

Specializing in Visas, Passports, Document Legalization and Translations

VIP PASSPORT SERVICES, INC.

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



ALGERIA BUSINESS VISA

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

- 1.) PASSPORT (MINIMUM OF 6 MONTHS VALIDITY)
- 2.) TWO (2) PASSPORT-TYPE PHOTOGRAPHS (2x2)
- 3.) TWO (2) COMPLETED APPLICATIONS (TYPED)
ALL APPLICATION FORMS MUST BE FULLY COMPLETED WITH NO FIELDS LEFT BLANK (APPLICATIONS RECEIVED WITH MISSING INFORMATION SHOULD EXPECT DELAYS)
- 4.) COPY OF TRAVEL ITINERARY
- 5.) ONE (1) COMPANY LETTER OF GUARANTEE
- 6.) ONE (1) LETTER OF INVITATION
- 7.) PROOF OF INSURANCE (EUROPEAN UNION NATIONALITIES) -
PLEASE PROVIDE A LETTER STATING APPLICANT IS COVERED INTERNATIONALLY BY THEIR INSURANCE PROVIDER WHILE IN ALGERIA, ONLY IF APPLICANT IS PART OF THE EUROPEAN UNION.

COUNTRIES OF THE EUROPEAN UNION NEED PROOF OF INSURANCE				
AUSTRIA	ESTONIA	IRELAND	NETHERLANDS	SPAIN
BELGIUM	FINLAND	ITALY	POLAND	SWEDEN
BULGARIA	FRANCE	LATVIA	PORTUGAL	
CYPRUS	GERMANY	LITHUANIA	ROMANIA	
CZECH REP.	GREECE	LUXEMBOURG	SLOVAKIA	
DENMARK	HUNGARY	MALTA	SLOVENIA	

- 8.) PROOF OF U.S. STATUS: (PLEASE SUBMIT ONE OF THE FOLLOWING)
 - COPY OF PERMANENT RESIDENT CARD
 - ORIGINAL U.S. VISA AND PRINTED I-94 (VISIT <https://i94.cbp.dhs.gov>)
- 9.) CONSULATE FEE: \$160.00 – SUBJECT TO CHANGE BASED ON NATIONALITY

CONTINUED →

VIP PASSPORT SERVICES, INC.

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



PLEASE NOTE: IF YOU HAVE BEEN INVITED FROM A COMPANY IN "HASSI MESSAOUD" AND/OR ARE TRAVELING TO "HASSI MESSAOUD", THE APPLICATION MUST HAVE DETAILED INFORMATION WHERE IT ASK FOR PURPOSE OF TRAVEL. THE EMBASSY WILL REJECT THE APPLICATION IF YOU ONLY LIST "BUSINESS" OR "VISIT" WITHOUT FURTHER DETAILED INFORMATION REGARDING THE PURPOSE OF THE TRIP. BE SURE TO LIST EXACTLY WHY YOU ARE TRAVELING TO ALGERIA WHEN ASKED ON THE APPLICATION. THE CONSULATE WILL NOT ISSUE YOU A VISA IF YOU HAVE AN ISRAELI STAMP IN YOUR PASSPORT. **IT IS RECOMMENDED THAT YOU DO NOT BUY THE AIRLINE TICKET UNTIL AFTER THE VISA HAS BEEN ISSUED AND THE PASSPORT IS IN HAND.**

VALIDITY: THE EMBASSY WILL NORMALLY ISSUE THE VISA ACCORDING TO THE DATES LISTED ON THE APPLICATION. BE SURE TO BE AS SPECIFIC AS POSSIBLE WHEN COMPLETING THE SECTION REGARDING THE DATES OF YOUR TRAVEL. PLEASE LIST THE EARLIEST POSSIBLE DATE YOU COULD TRAVEL AS THIS WILL BE THE START DATE OF THE VISA. **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.

REVISED 5-31-2018 (JENN)

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



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 **(SINGLE OR MULTIPLE)** ENTRY BUSINESS VISA
AT YOUR EARLIEST CONVENIENCE.

THANK YOU,

(SUPERVISORS SIGNATURE)

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

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) الجنسية الأصلية Citizenship at birth رقم هاتف البيت Home phone رقم هاتف البيت Cell phone	الولاية State..... ذكر M أنثى F الجنس Gender (*)
زوجة (H) Husband-wife اللقب Last name (Maiden name for wife) تاريخ الميلاد Date of birth (DAY/MONTH/YEAR) المدينة City..... الولاية State		
الأطفال Children to be filled when they travel with you لا يملأ الا في حالة سفر الأولاد لا يملأ الا في حالة سفر الأولاد الجنس Citizenship مكان الميلاد Place of birth تاريخ الميلاد Date of birth (DAY/MONTH/YEAR) الاسم واللقب Last & First name		
Type of travel document جواز سفر عادي Ordinary passport رقم Number..... طبيعة وثيقة السفر وثيقة أخرى {توضيح} other document (give precision)..... الصادر Issued on..... DAY / MONTH / YEAR ينتهي في Expire on..... DAY / MONTH / YEAR		
تأشيرة مطلوبة للدخول {*} Visa solicit for (*) مرة واحدة 1 entry مرتين 2 entries عدة مرات several entries		
المهنة Occupation..... العنوان المهني Address of employer رقم هاتف المكتب Office phone		
في حالة عبور In case of transit هل لديكم تأشيرة دخول لهذا البلد {*} Do you have visa for this country (*) نعم Yes لا No الوجهة النهائية final destination		
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.....		
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		
التزم بمغادرة الإقليم بعد انقضاء اجل 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، و إمضاء المعني { صاحب الطلب } DATE AND APPLICANT SIGNATURE		

الرجاء الصاق الصورة هنا Please you must attach photo here
خاص بالإدارة For office use only
رقم الطلب Application Number
تاريخ الإيداع Received on
عدد مرات الدخول المرخصة Nbr. of authorized entries
مدة الإقامة Duration of stay
الضريبة المستحقة Tax
تاريخ صدور التأشيرة Issued on
التاريخ المحدد للاستعمال Date limit of utilization
رئيس المركز (الامضاء و الختم) Chief of post (Signature and stamp)