

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: info@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 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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BURKINA FASO BUSINESS 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):	1-TYPED
PASSPORT TYPE PHOTO (S):	1-COLOR	INT'L HEALTH CERTIFICATE:	1
COMPANY LETTER:	1	TRAVEL ITINERARY:	1-COPY
LETTER OF INVITATION:	N/A		

OTHER: SEE NEXT PAGES FOR MORE DETAILED INSTRUCTIONS.

PROCESSING FEES

(PER APPLICANT)

VIP SERVICE FEE: (REGULAR PROCESS) \$75.00

CONSULATE FEE: (SEE NEXT PAGE) _____

MONEY ORDER: \$6.00

** SPECIAL HANDLING FEE: (48 to 72 HOUR RUSH PROCESS) _____

OTHER FEES: _____

*ADD RETURN SHIPPING FEE: _____

TOTAL: (NO PERSONAL CHECKS PLEASE) _____

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: _____
PLEASE MARK THE APPROPRIATE BOX IF YOU NEED VIP TO REQUEST TO HAVE THE VISA ISSUED IN 48 TO 72 HOURS FROM THE DAY THAT WE SUBMIT YOUR APPLICATION (\$50.00 SPECIAL HANDLING).

COMMENTS: _____

REVISED: 4-27-2018 (JENN)

Specializing in Visas, Passports, Document Legalization and Translations

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BURKINA FASO BUSINESS VISA

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

- 1.) U.S. PASSPORT
 - MINIMUM OF 1-YEAR REMAINING VALIDITY
 - MUST HAVE AT LEAST 1 BLANK VISA PAGE
- 2.) TWO PASSPORT-TYPE PHOTOGRAPHS (2x2)
- 3.) TWO COMPLETED APPLICATIONS
- 4.) COMPANY LETTER OF GUARANTEE
- 5.) COPY OF YOUR TRAVEL ITINERARY
- 6.) INTERNATIONAL HEALTH CERTIFICATE SHOWING A CURRENT YELLOW FEVER IMMUNIZATION
- 7.) CONSULATE FEE:

NUMBER OF ENTRIES	PROCESS SPEED	CONSULATE FEE
MULTIPLE	4 TO 7 DAYS	\$140.00
	2 TO 3 DAYS	\$190.00

VALIDITY: THE CONSULATE CAN ISSUE THE VISA VALID FROM 90 DAYS TO A 5 YEAR MULTIPLE-ENTRY. THE VALIDITY IS DETERMINED BY THE VISA OFFICER ON AN INDIVIDUAL CASE-BY-CASE BASIS.

REVISED: 4-27-2018 (JENN)



AMBASSADE DU BURKINA FASO A WASHINGTON D.C.

2340 Massachusetts Ave, D.C 20008
Washington, D.C – USA
tél: (202) 332-5577 – fax: (202) 667-1882

Photographie

DEMANDE DE VISA

DE TRANSIT OU DE SEJOUR AU BURKINA FASO

N° ____/AMBF/WASH du...../...../.....

Informations du demandeur

Nom (en lettre capitale) :
Name
Née (Nom de jeune fille) :
Maiden name
Prénoms :
Given names
Né(e) le : / / (JJ/MM/AAAA) à Sexe : M F
Date of birth (dd/mm/yyyy) *Place of birth* *Sex*
Nationalité d'origine :
Nationality of origin
Nationalité actuelle :
Nationality
Situation de famille : Nombre d'enfants :
Relationship status *Number of children*
Adresse du demandeur :
Address
Contact :
Phone number
Profession :
Occupation

Informations Visa

Transit à destination de : date d'arrivée :/...../.....
Transit *Going to* *Arrival date*
Séjours durée du séjour : Nombre d'entrées : Une..... Multiples
Stay *Length of the stay* *Number of entrance*
Motif du voyage : Type du visa:.....
Purpose of travel
Lieu(x) de destination :
Destination
Adresse au Burkina Faso :
Address in Burkina
Contact :
Phone number

Informations Passeport

N° du passeport : Date d'expiration : / / (JJ/MM/AAAA)
Passport number *Validity date (dd/mm/yyyy)*
Délivré le : / / (JJ/MM/AAAA) par :
Issued date (dd/mm/yyyy) *Place of issue*

Fait à.....,

Le / / (JJ/MM/AAAA)
At

Signature du demandeur
Signature

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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 **(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.