

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 TOURIST 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
PASSPORT TYPE PHOTO (S):	2-COLOR	INT'L HEALTH CERTIFICATE:	1
COMPANY LETTER:	N/A	TRAVEL ITINERARY:	1-COPY

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
<input type="checkbox"/> LOCAL DELIVERY	CLICK FOR QUOTE

REGULAR PROCESS TIME:	4-7 DAYS
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 TOURIST 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.) **COPY OF YOUR TRAVEL ITINERARY**

5.) **INTERNATIONAL HEALTH CERTIFICATE** SHOWING A CURRENT YELLOW FEVER IMMUNIZATION

6.) **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 MULTI-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) *Sex*

Nationalité d'origine : *Place of birth*

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

.....