



VIP SERVICES

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

(RETURN THIS FORM WITH EACH REQUEST)

BILLING INFORMATION:

CONTACT: _____
COMPANY: _____
ADDRESS: _____

PHONE: _____
FAX: _____
EMAIL: _____

RETURN DOCUMENTS TO:

CONTACT: _____
COMPANY: _____
ADDRESS: _____

PHONE: _____
FAX: _____
EMAIL: _____

BILLING INSTRUCTIONS:

AMOUNT ENCLOSED FOR DEPOSIT: _____

YOUR COMPANY P.O. OR REF#: _____

CREDIT CARD INFORMATION:

TYPE OF CARD: _____
CARD #: _____
EXPIRATION DATE: _____

AUTHORIZED AMOUNT TO CHARGE MY CREDIT CARD: US\$ _____

SIGNATURE OF CARD HOLDER REQUIRED: _____

VISA PROCESSING
LIST COUNTRIES

AND
AND

CONSULATE FEES:
CONSULATE FEES:

-
-
-

\$ _____
\$ _____
\$ _____

TRAVELERS NAME: _____

DATE OF USA DEPARTURE: _____

DATE YOU NEED PASSPORT: _____

SPECIAL INSTRUCTIONS: _____

HOW DID YOU HEAR ABOUT VIP?

REPEAT CUSTOMER__ INTERNET__ REFERRED__ BY__ WALK-IN__



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ETHIOPIA

YOU CAN OBTAIN A TOURIST VISA ON ARRIVAL AT THE BOLE INTERNATIONAL AIRPORT FOR A STAY OF UP TO 90 DAYS. YOU MUST BE IN POSSESSION OF A VALID U.S. PASSPORT (MINIMUM OF 6 MONTHS REMAINING VALIDITY WITH AT LEAST ONE BLANK VISA PAGE) AND AN ONWARD AIRLINE TICKET. IF YOU WOULD LIKE TO OBTAIN A VISA BEFORE YOU DEPART, PLEASE SEND THE FOLLOWING DOCUMENTS.

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

TOURIST VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 6 MONTHS VALIDITY)
- 2.) (1) ONE PASSPORT-TYPE PHOTOGRAPH (2x2)
- 3.) (1) ONE COMPLETED APPLICATION
- 4.) A COPY OF YOUR TRAVEL ITINERARY
- 5.) CONSULATE FEE: \$70.00

BUSINESS VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 6 MONTHS VALIDITY)
- 2.) (1) ONE PASSPORT-TYPE PHOTOGRAPH (2x2)
- 3.) (1) ONE COMPLETED APPLICATION
- 4.) A COPY OF YOUR TRAVEL ITINERARY
- 5.) A COMPANY LETTER OF GUARANTEE
(IF A MULTIPLE ENTRY VISA IS REQUIRED, PLEASE STATE SO IN YOUR COMPANY LETTER AND ON YOUR APPLICATION)
- 6.) CONSULATE FEE: \$70.00

VALIDITY: VISAS ARE VALID FOR UP TO (2) TWO YEARS FROM THE DATE OF ISSUE. THE VALIDITY, DURATION OF STAY, AND NUMBER OF ENTRIES OF THE VISA ARE ISSUED AT THE SOLE DISCRETION OF THE VISA OFFICER.

REVISED: 10-02-2011 (KS)



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EXAMPLE OF A COMPANY LETTER OF GUARANTEE

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.
DO NOT ATTENTION THIS LETTER TO VIP SERVICES!



VISA APPLICATION FORM

PLEASE TYPE OR PRINT YOUR ANSWER IN THE SPACE PROVIDED BELOW EACH ITEM.

1. PREFIX		2. LAST NAME		3. FIRST NAME		4. MIDDLE NAME	
5. HOME /MAILING ADDRESS							
6. CITY/TOWN		7. STATE/REGION		8. ZIP/POSTAL CODE		9. COUNTRY	
10. DAYTIME TEL.		11. EVENING TEL.		12. FAX		13. E-MAIL ADDRESS	
14. DATE OF BIRTH (mm-dd-yy)		15. CITY OR TOWN OF BIRTH		16. COUNTRY OF BIRTH		17. NATIONALITY	
						18. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
19. PRESENT OCCUPATION						20. SPECIFIC FIELD OF STUDY/BUSINESS	
<input type="checkbox"/> MEDICAL DOCTOR <input type="checkbox"/> ENGINEER <input type="checkbox"/> EDUCATOR <input type="checkbox"/> ECONOMIST <input type="checkbox"/> LAWYER <input type="checkbox"/> BUSINESS <input type="checkbox"/> OTHER							

Visa Information

21. PURPOSE OF VISIT <input type="checkbox"/> TOURIST <input type="checkbox"/> BUSINESS <input type="checkbox"/> TRANSIT <input type="checkbox"/> DIPLOMATIC <input type="checkbox"/> OFFICIAL <input type="checkbox"/> OTHER				22. TYPE OF ENTRY <input type="checkbox"/> SINGLE <input type="checkbox"/> MULTIPLE			
23. DOCUMENT TYPE <input type="checkbox"/> PASSPORT <input type="checkbox"/> TRAVEL DOCUMENT				24. DOCUMENT NUMBER		25. DATE OF ISSUE (MM/DD/YY/)	
26. COUNTRY OF ISSUE		27. CITY OF ISSUE		28. DATE OF EXPIRATION			
29. ESTIMATED LENGTH OF STAY (NUMBER OF DAYS)				30. EXPECTED DATE OF ARRIVAL			
31. HAVE YOU EVER BEEN TO ETHIOPIA BEFORE <input type="checkbox"/> YES <input type="checkbox"/> NO		32. HOW LONG DID YOU STAY IN ETHIOPIA? FROM: _____ TO: _____		DO NOT WRITE IN THIS SPACE FOR OFFICIAL USE ONLY VISA NUMBER ISSUE DATE VALID UNTIL GRATIS <input type="checkbox"/> YES <input type="checkbox"/> NO FEE PAID RECEIPT NO			
33. WHAT WAS THE PURPOSE OF THE VISIT <input type="checkbox"/> TOURIST <input type="checkbox"/> BUSINESS <input type="checkbox"/> TRANSIT <input type="checkbox"/> DIPLOMATIC <input type="checkbox"/> OFFICIAL <input type="checkbox"/> OTHER _____							

Employer or School Information

34A. EMPLOYER OR SCHOOL NAME		34B. EMPLOYER OR SCHOOL TEL.	
34C. EMPLOYER OR SCHOOL ADDRESS			

To Be completed by Foreign Nationals of Ethiopian Origin

35. YOUR NAME		36. FATHER'S NAME		37. GRANDFATHER'S NAME	
38A. FATHER'S FULL NAME			39A. MOTHER'S FULL NAME		
38B. COUNTRY OF BIRTH		38C. CITY OF BIRTH		39B. COUNTRY OF BIRTH	
				39C. CITY OF BIRTH	
38D. FATHER NATIONALITY			39D. MOTHER NATIONALITY		
38E. CURRENT ADDRESS			39E. CURRENT ADDRESS		

PHOTO
Attach one photograph
Write your name on the back of
the photograph

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

APPLICANT'S SIGNATURE: _____ DATE: _____

If this application has been prepared by a travel agency or another person on your behalf, the agent should indicate name and address of agency or person with appropriate signature of individual preparing this form.

SIGNATURE OF PERSON PREPARING FORM: _____ DATE: _____