



# VIP SERVICES

2012 Louisiana Street  
Houston, Texas 77002  
713-659-8472 1-800-856-8472 Fax 713-659-3767  
Website: [www.vippassports.com](http://www.vippassports.com) Email: [info@vippassports.com](mailto: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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## GUINEA

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

### TOURIST VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 6 MONTHS VALIDITY)
- 2.) (2) TWO PASSPORT-TYPE PHOTOGRAPHS (2x2)
- 3.) (2) TWO COMPLETED APPLICATIONS
- 4.) A COPY OF YOUR TRAVEL ITINERARY
- 5.) A LETTER OF INVITATION FROM THE HOST IN GUINEA  
OR A DETAILED LETTER FROM THE APPLICANT  
EXPLAINING THE PURPOSE OF YOUR VISIT
- 6.) YOUR INTERNATIONAL HEALTH CERTIFICATE SHOWING  
A CURRENT YELLOW FEVER IMMUNIZATION
- 7.) CONSULATE FEE:  
\$100.00 (REGULAR PROCESSING)  
\$200.00 (RUSH PROCESSING)

### BUSINESS VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 6 MONTHS VALIDITY)
- 2.) (2) TWO PASSPORT-TYPE PHOTOGRAPHS (2x2)
- 3.) (2) TWO COMPLETED APPLICATIONS
- 4.) A COPY OF YOUR TRAVEL ITINERARY
- 5.) A COMPANY LETTER OF GUARANTEE (IN DETAIL)
- 6.) YOUR INTERNATIONAL HEALTH CERTIFICATE SHOWING  
A CURRENT YELLOW FEVER IMMUNIZATION
- 7.) CONSULATE FEE:  
\$100.00 (REGULAR PROCESSING)  
\$200.00 (RUSH PROCESSING)

**VALIDITY:** VISAS ARE VALID FOR 60 DAYS FROM THE DATE OF ISSUE-  
ONCE YOU ARRIVE IN GUINEA YOU CAN STAY UP TO 30  
DAYS. IF YOU WOULD LIKE A MULTIPLE ENTRY-BE SURE YOU  
ATTACH A LETTER OF REQUEST TO YOUR APPLICATION.

REVISED: 10-03-2011 (KS)

PHOTOS

AMBASSADE DE LA REPUBLIQUE DE GUINEE  
2112 Leroy Place N.W.  
Washington, D.C. ( 20008 )

NAME..... FIRST NAME.....  
Nom Prénom

PLACE & DATE OF BIRTH.....  
Lieu et date de naissance

PLACE OF RESIDENCE.....  
Domicile ou lieu de Résidence

PROFESSION..... PERSONAL STATUS.....  
Situation de famille

NATIONALITY.....  
Nationalité

PASSPORT NUMBER..... ISSUED BY..... ON.....  
Numéro du passeport Délivré par le

PURPOSE OF TRIP.....  
Motif du voyage

DEPARTURE DATE FROM USA.....  
Date de départ des Etats-Unis

DATE OF ENTRY INTO GUINEA—BE PRECISE PLEASE.....  
Date d'entrée en Guinée – Donnez la date précise

LENGTH OF STAY DESIRED—BE PRECISE.....  
Durée du séjour -- Donnez la date précise

MEANS OF TRANSPORTATION (AIR, BOAT) AND TICKET NUMBER.....  
Moyens de transport avec numéro du billet

SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

DO NOT WRITE BELOW THIS SPACE

OBSERVATIONS DE LA SECTION CONSULAIRE

Visa accordé le.....19  
Pour jours, semaines, mois  
Du au

MOTIF DU VOYAGE