



# 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#: \_\_\_\_\_  
  
AUTHORIZED AMOUNT TO CHARGE MY  
CREDIT CARD: US\$ \_\_\_\_\_

### CREDIT CARD INFORMATION:

TYPE OF CARD: \_\_\_\_\_  
CARD #: \_\_\_\_\_  
EXPIRATION DATE: \_\_\_\_\_  
  
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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





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## LAOS

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

### TOURIST/VISIT VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 1 YEAR VALIDITY)
- 2.) (3) THREE PASSPORT-TYPE PHOTOGRAPHS (2x2)
- 3.) (2) TWO COMPLETED APPLICATIONS  
(APPLICATIONS CAN BE COPIED)
- 4.) IF YOU ARE VISITING RELATIVES OR FRIENDS  
THEY MUST GO TO THE MINISTRY OF INTERIOR AND  
APPLY FOR AN APPROVAL. ONCE A REQUEST HAS  
BEEN APPROVED, THE MINISTRY OF FOREIGN AFFAIRS  
WILL SEND A FAX TO THE LAOS EMBASSY TO ISSUE A  
VISA ACCORDINGLY.
- 5.) IF YOU ARE TRAVELING AS A TOURIST YOU MUST  
PROVIDE CONFIRMATION FROM A TOUR COMPANY IN LAOS
- 6.) A COPY OF YOUR TRAVEL ITINERARY
- 7.) CONSULATE FEE: \$50.00

### BUSINESS VISA:

THE EMBASSY RECOMMENDS THAT YOU APPLY FOR A VISITOR  
VISA AND ASK YOUR SPONSOR TO ARRANGE TO HAVE YOUR  
VISA CONVERTED TO A BUSINESS VISA WHILE IN LAOS.

VALIDITY: VISAS ARE VALID FOR SINGLE ENTRY AND MUST BE USED  
WITHIN 60 DAYS FROM THE DAY THE VISA IS ISSUED.

REVISED: 03-11-2007



ສາທາລະນະລັດ ປະຊາທິປະໄຕ ປະຊາຊົນລາວ  
 Lao People's Democratic Republic  
 ສັນຕິພາບ ເອກະລາດ ປະຊາທິປະໄຕ ເອກະພາບ ວັດທະນາຖາວອນ  
 Peace Independence Democracy Unity Prosperity

ສະຖານເອກອັກຄະລັດຖະທູດ  
 ແຫ່ງສປປລາວທີ່ວໍຊິງຕັນ ດີ.ຊີ

Embassy of the Lao PDR  
 2222 S Street, N.W.  
 Washington, DC 20008  
 Tel: (202) 667-0076  
 Fax: (202) 332-4923

ຄໍາຮ້ອງຂໍວິຊາ  
 APPLICATION FOR VISA



ຊື່: ..... ນາມສະກຸນ: .....  
 FIRST NAME (IN BLOCK LETTER) ..... FAMILY NAME (IN BLOCK LETTER) .....  
 ວັນ, ເດືອນ, ປີເກີດ: ..... ສະຖານທີ່ເກີດ: .....  
 DATE OF BIRTH ..... PLACE OF BIRTH .....  
 ສັນຊາດ: ..... ອາຊີບ: .....  
 NATIONALITY ..... OCCUPATION .....  
 ຫນັງສືຜ່ານແດນຫມາຍເລກ: ..... ອອກໃຫ້ທີ່: .....  
 PASSPORT No. .... PLACE OF ISSUE .....  
 ອອກໃຫ້ວັນທີ: ..... ໃຊ້ໄດ້ເຖິງ: .....  
 DATE OF ISSUE ..... EXPIRATION .....  
 ທີ່ຢູ່ປະຈຸບັນ: ..... ໂທລະສັບ: .....  
 HOME ..... TEL. ....  
 ADDRESS .....

ລູກຕິດຕາມທີ່ໃຊ້ຫນັງສືຜ່ານແດນດຽວກັນ: 1. ຊື່ (NAME) ..... ອາຍຸ (AGE) .....  
 CHILDREN TRAVELING WITH 2. ຊື່ (NAME) ..... ອາຍຸ (AGE) .....  
 THE SAME PASSPORT 3. ຊື່ (NAME) ..... ອາຍຸ (AGE) .....

ເຫດຜົນຂອງການເດີນທາງ: ..... ພາຫະນະການເດີນທາງ: .....  
 PURPOSE OF THE TRIP ..... MEANS OF TRANSPORTATION .....  
 ວັນຈະເຖິງ ສປປ ລາວ: ..... ກຳນົດຢູ່ ສປປ ລາວ: ..... ວັນ  
 DATE OF ARRIVAL IN THE LAO PDR ..... DURATION OF STAY IN THE LAO PDR ..... DAYS  
 ດ່ານເຂົ້າເມືອງ: .....  
 PORT OF ENTRY .....

ຜູ້ຮັບປະກັນຢູ່ ສປປ ລາວ: ຊື່ (NAME): ..... ໂທລະສັບ (TEL.): .....  
 REFERENCE IN ທີ່ຢູ່ (ADDRESS): .....  
 THE LAO PDR .....

ຈຸດເດີນທາງຫຼັງຈາກການຢ້ຽມຢາມ ສປປ ລາວ: .....  
 NEXT DESTINATION AFTER YOUR VISIT TO THE LAO PDR .....

ວັນທີ: ..... ລາຍເຊັນ: .....  
 DATE ..... SIGNATURE .....

ຄໍາເຫັນຂອງສະຖານທູດ (OFFICIAL USE ONLY)  
 ວິຊາເລກທີ: ..... ລົງວັນທີ: .....