

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: vipinfo@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 & COMPANY 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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LIBERIA 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):	1
PASSPORT TYPE PHOTO (S):	1-COLOR	TRAVEL ITINERARY:	1-COPY
INT'L HEALTH CERTIFICATE:	1		

OTHER: SEE NEXT PAGES FOR MORE DETAILED INSTRUCTIONS.

PROCESSING FEES (PER APPLICANT)

VIP SERVICE FEE: (REGULAR PROCESS) \$95.00

CONSULATE FEE: (SEE NEXT PAGE) _____

MONEY ORDER: \$6.00

SPECIAL HANDLING FEE: (SAME DAY OR NEXT DAY RUSH) _____

OTHER FEES: _____

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:	8 TO 10 DAYS
PLEASE MARK THE APPROPRIATE BOX IF YOU NEED VIP TO REQUEST TO HAVE THE VISA ISSUED IN LESS THAN 8 DAYS FROM THE DAY THAT WE SUBMIT YOUR APPLICATION (\$50.00 SPECIAL HANDLING). SEE NEXT PAGE FOR APPLICANT RUSH CONSULATE FEES.	

COMMENTS: _____

REVISED 10-24-2018 JENN

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LIBERIA TOURIST VISA

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

- 1.) S. PASSPORT—BE SURE IT IS SIGNED WITH AT LEAST ONE BLANK VISA PAGE (VALID FOR A MINIMUM OF 6 MONTHS)
- 2.) TWO PASSPORT-TYPE PHOTOGRAPHS (2x2)
- 3.) TWO COMPLETED APPLICATIONS
- 4.) COPY OF YOUR TRAVEL ITINERARY/AIRLINE TICKETS
- 5.) COPY OF MOST CURRENT BANK STATEMENT
- 6.) INTERNATIONAL HEALTH CERTIFICATE SHOWING CURRENT YELLOW FEVER IMMUNIZATION
- 7.) CONSULATE FEE:

PROCESS SPEED	CONSULATE FEE
8 – 10 BUSINESS DAYS	\$160.00
NEXT DAY	\$210.00
SAME DAY	\$235.00

VALIDITY: U.S. CITIZENS WILL RECEIVE A VISA THAT WILL EITHER BE SINGLE OR MULTIPLE ENTRY. SINGLE ENTRY VISAS ARE ISSUED FOR UP TO 90 DAYS AND THEY START ON THE DAY THEY ARE ISSUED. YOU MAY STAY IN THE COUNTRY NO LONGER THAN 90 DAYS. A MULTIPLE ENTRY VISA MAY BE REQUESTED, BUT ISSUED SOLELY AT THE DISCRETION OF THE VISA OFFICER.

REVISED 10-24-2018 JENN



Consulate General of Liberia in New York
228 East 45th Street, Suite 602
New York, New York 10017

Application for Visa

Photo

Office use only
Visa No.: _____
Date of Visa: _____
Expiration Date: _____
Fees: \$ _____
M/Order No. _____
D/C # _____
Receipt No: _____

Last Name _____ First Name _____ Middle Initial _____ Title _____

Former Name (if any) _____ E-mail Address _____

Gender: Male Female Marital Status: Single Married Divorced Widowed Height _____

Present Address _____

City _____ State _____ Zip Code _____ Country _____ Phone # _____

Permanent Address (if different) _____

Date of Birth _____
(Month) (Day) (Year)

Place of Birth _____
(City/Town) (Country)

Nationality or Citizenship _____ Former Nationality (if any) _____

Passport No. _____ Place of Issuance _____

Date of Issuance _____ Date of Expiration _____

Professional Occupation _____

Name of Employer _____

Business Address _____

Business Telephone No. _____

Have You Visited or Lived in Liberia before? _____ If yes, list the date of last visit or stay _____



Consulate General of Liberia in New York
228 East 45th Street, Suite 602
New York, New York 10017

Application for Visa (page 2)

Visa Type (U.S. Citizen): (check one) Single: 1-3 months (\$ 160) Multiple: 1 year (\$ 160)

Visa Type (Non U.S. Citizen) (check one): Single: 1-3 months (\$70) Multiple: 1 year (\$150)
Multiple: 2 years (\$ 250) Multiple: 3 years (\$350)

- Same day processing (additional \$75.00)
- Next day or less than 5 days processing (additional \$50.00)

Note: Applicants outside the United States need to purchase Money Order from an American-affiliated Bank.

Purpose of journey to Liberia (check one): Visitors/Tourism Business/Employment
Official Diplomatic Other _____

Date of Entry _____ Traveling by (check one) Air Sea

Intended length of stay in Liberia _____ Days Weeks Months Years

Contact information of two (2) references/copy of hotel reservation in Liberia (if applicable)

1. Last Name _____ First Name _____ Middle Initial _____
Address _____ Contact No. _____
E-mail Address: _____

2. Last Name _____ First Name _____ Middle initial _____
Address _____ Contact No. _____
E-mail Address: _____

For Minor: Will this applicant be accompanied by an adult? _____

If yes, please fill in the following; If no please circle

Last Name _____ First Name _____ Middle Initial _____
Relationship to Applicant _____ Age _____ Gender Male ___ Female ___
Contact No.: _____ E-mail Address: _____

I hereby certify and declare that each of the above particulars stated by me is true to the best of my knowledge and ability and that I would be prosecuted for perjury if found guilty of false information. Any misleading information given will disqualify me from obtaining a visa.

The Consulate reserves the right to request additional information in the processing of this application.

Signature of Applicant Date _____

Signature of person filling in form (if not same as applicant) Date _____