



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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VISA INSTRUCTION SHEET

APPLICATION (S) REQUESTED FOR: LIBYA BUSINESS VISA

DOCUMENTS REQUIRED:

VALID PASSPORT:	<u>1</u>	APPLICATION (S):	<u>1</u>
PASSPORT TYPE PHOTO (S):	<u>2</u>	TRAVEL ITINERARY:	<u>1-COPY</u>
COMPANY LETTER:	<u>1</u>	DRIVERS LICENSE:	<u>N/A</u>
COPY OF INVITATION:	<u>1</u>	RELEASE LETTER:	<u>N/A</u>

OTHER: PLEASE SEE NEXT PAGES FOR MORE DETAILED INFORMATION.

PLEASE FORWARD THIS SHEET AND ALL THE ABOVE REQUIREMENTS TO THE ABOVE LISTED ADDRESS

FEES PER PERSON:

VIP SERVICE FEE: \$75.00

CONSULATE FEE: (SEE NEXT PAGE) _____

MONEY ORDER FEE: \$3.00

OTHER FEES: _____

*ADD RETURN FEDERAL EXPRESS FEE: _____

TOTAL: (NO PERSONAL CHECKS PLEASE) _____

*FEDERAL EXPRESS FEES:

PRIORITY LETTER	\$29.00	AVERAGE PROCESSING TIME	<u>4 TO 7 DAYS</u>
2-DAY LETTER	\$23.50		
3-DAY LETTER	\$19.50	PREPARED BY:	_____
SATURDAY LETTER	\$41.50	TODAY'S DATE:	_____

COMMENTS: IF THE APPROVAL WAS SENT TO THE EMBASSY IN CANADA THEN PLEASE CALL OUR OFFICE SO WE CAN SEND YOU THE CORRECT APPLICATION.

REVISED: 03-27-2012 (SDL)



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LIBYA

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

BUSINESS VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 6 MONTHS REMAINING VALIDITY WITH AT LEAST 2 BLANK VISA PAGES)
- 2.) (2) TWO PASSPORT-TYPE PHOTOGRAPHS (2x2)
- 3.) (1) ONE COMPLETED APPLICATION
- 4.) A COMPANY LETTER OF GUARANTEE (INDICATING THE AUTHORIZATION NUMBER AND TO WHICH EMBASSY OR CONSULATE THE APPROVAL WAS SENT TO-BE SURE TO ALSO INCLUDE IF THE AUTHORIZATION WAS FOR A SINGLE 30 DAY STAY OR A SINGLE ENTRY 90 DAY STAY OR A 180 DAY MULTIPLE ENTRY)
- 5.) COPY OF YOUR TRAVEL ITINERARY (IF AVAILABLE)
- 6.) COPY OF THE OFFICIAL INVITATION (INDICATING THE AUTHORIZATION NUMBER AND TO WHICH LIBYA EMBASSY OR CONSULATE THE APPROVAL WAS SENT TO) .
- 7.) CONSULATE FEE:
 - \$150.00 (30-DAY SINGLE MISSION)
 - \$200.00 (90-DAY SINGLE MISSION)
 - \$350.00 (180-DAY MULTIPLE ENTRY)

SPECIAL NOTE: ONCE THE AUTHORIZATION HAS BEEN SENT TO THE EMBASSY YOU WILL NEED TO SUBMIT THE APPLICATION WITHIN 30 DAYS. AFTER 30 DAYS THE AUTHORIZATION WILL BE EXPIRED AND YOU WILL NEED A NEW AUTHORIZATION TO BE SENT TO THE EMBASSY.

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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!

Libyan Liaison Office

مكتب الإتصال الليبي بواشنطن

2600 Virginia Avenue, N.W. Suit # 705
Washington, DC 20037
Tel. 202-944-9601 Fax. 202-944-9606
Entry Visa Application Form

In case entry purpose is mission/work/study/visit
give name and address of concerned body _____

أو لا/ بيانات شخصية عن طلب تأشيرة الدخول
الإسم الثلاثي _____

_____ للقب
Family name: _____

Enclosed Documents: _____ مكان وتاريخ الميلاد _____

Have you ever been to Jamahiriya _____ الجنسية الحالية _____ Present Nationality _____

Last Departure Date: _____ متى: متى غادرتها: _____ المهنة: _____

Purpose: _____ غرض الزيارة: _____ Sex: _____ ذكر/ أنثى

Last Address in Jamahiriya: _____ الديانة: _____ رقم الهاتف: _____

Indicate Whether said entry was for work or on mission – indicate nature of work or mission _____ إسم الأب ثلاثي: _____

Indicate destination in case of transit _____ إسم الأم ثلاثي: _____

Means of Travel: _____ واسطة السفر إليه: _____ Social Status: single/married/divorced/widow _____

References in Jamahiriya: _____ أهم المعارف والأصدقاء بالجمهورية: _____ Present Address: _____ العنوان في بلادك: _____

_____ رقم جواز السفر: _____ Issued on: _____ تاريخ إصداره: _____ Passport#: _____

_____ تاريخ إنتهاء صلاحيته: _____ Valid to: _____

Applicant's Signature: _____ توقيع الطالب: _____ SECOND: General Information: _____

Receiver's Signature: _____ توقيع المستلم: _____ Purpose of Visit: _____ الغرض من الدخول: _____

Date: _____ التاريخ: _____ Required Period: _____ المدة المطلوبة للإقامة: _____

Address in the Jamahiriya: _____ العنوان الذي مستقيم به بالجمهورية: _____