



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: info@vippassports.com

ATTENTION:

THE SAUDI CONSULATE HAS VERY SPECIFIC GUIDELINES FOR EACH TYPE OF VISA THEY OFFER. TO ENSURE THAT WE ARE ABLE TO PROVIDE THE MOST ACCURATE INFORMATION AND ASSISTANCE. IF IN DOUBT AS TO WHAT TYPE PLEASE FORWARD A COPY OF THE APPROVAL/ADVISE SLIP RECEIVED FROM SAUDI ARABIA TO OUR OFFICE BY EMAIL OR FAX SO THAT WE CAN VERIFY WHAT TYPE OF VISA IS BEING REQUESTED AND SO THAT WE CAN BE SURE WE PROVIDE THE CORRECT LIST OF INSTRUCTION.

THE MOST COMMON VISAS ISSUED BY THE SAUDI ARABIA EMBASSY/CONSULATE ARE AS FOLLOWS:

TYPE OF VISA	ARABIC TRANSLATION	DESCRIPTION
COMMERCE ("COMMERCIAL")	زيارة تجارية	SHORT TERM VISA ISSUED TO BUSINESSMEN, INVESTORS, REPRESENTATIVES OF U.S. COMPANIES, MANAGERS, SALES REPRESENTATIVES, ETC. NO EMPLOYMENT PERMITTED.
WORKING VISIT VISA	زيارة عمل	SHORT TERM VISA FOR TEMPORARY WORK PURPOSES, TYPICALLY NON-BUSINESS.
FAMILY VISIT VISA	زيارة عائلة	SHORT TERM VISA ISSUED TO FAMILY MEMBERS OF THE EMPLOYMENT VISA HOLDER WHO WILL BE WORKING IN OR ALREADY RESIDES IN SAUDI ARABIA. DOES NOT PERMIT APPLICANT TO RESIDE IN SAUDI OR HOLD EMPLOYMENT.
EMPLOYMENT/WORK VISA (BLOCK)	عمل	LONG-TERM VISA ISSUED FOR EMPLOYMENT BY SAUDI ARABIAN COMPANY.
RESIDENT VISA	إقامة	LONG-TERM VISA ISSUED TO FAMILY MEMBERS OF THE EMPLOYMENT VISA HOLDER WHO WILL BE WORKING IN OR ALREADY RESIDES IN SAUDI ARABIA. DOES NOT PERMIT APPLICANT TO WORK IN SAUDI.
GOVERNMENT VISIT VISA	زيارة حكومية	SHORT TERM VISA ISSUED WITH APPROVAL DIRECTLY FROM THE GOVERNMENT. NO VISA FEE, VISA REQUIREMENTS SIMILAR TO "BUSINESS" VISA.

VERIFYING THE TYPE OF VISA REQUESTED WILL HELP ENSURE THERE ARE NO DELAYS IN PROCESSING, SO IF YOU HAVE ANY QUESTIONS OR CONCERNS ABOUT THE TYPE OF VISA YOU WILL NEED, PLEASE CONTACT OUR OFFICE FOR FURTHER GUIDANCE.

THANKS,

VIP PASSPORT SERVICES, INC.

Specializing in Visas, Passports, Document Legalization and Translations



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WORK ORDER REQUEST FORM

(RETURN THIS FORM WITH EACH REQUEST)

BILLING INFORMATION:

CONTACT: _____
COMPANY: _____
ADDRESS: _____
CITY/ST: _____
PHONE: _____
CELL: _____
FAX: _____
EMAIL: _____

RETURN DOCUMENTS TO:

CONTACT: _____
COMPANY: _____
ADDRESS: _____
CITY/ST: _____
PHONE: _____
CELL: _____
FAX: _____
EMAIL: _____

CREDIT CARD INFORMATION:

CARD#: _____
EXP. DATE: _____ CVV#: _____

**SIGNATURE OF CARD HOLDER
REQUIRED:** _____

BILLING INSTRUCTIONS:

YOUR P.O. OR REF#: _____

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

TRAVELERS NAME: _____

DATE OF USA DEPARTURE: _____

DATE OF BIRTH: _____

DATE YOU NEED PASSPORT: _____

VIP RESERVATION/FILE LOCATOR NUMBER: _____

SPECIAL INSTRUCTIONS: _____

HOW DID YOU HEAR ABOUT VIP?

REPEAT CUSTOMER__ INTERNET__ REFERRED__ BY_____ WALK-IN_____



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SAUDI ARABIA RESIDENT VISA *U.S. PASSPORT HOLDER*

DOCUMENTS REQUIRED:

VALID PASSPORT:	<u>1</u>	APPLICATION (S):	<u>1</u>
PASSPORT TYPE PHOTO (S):	<u>5</u>	DECLARATION:	<u>1</u>
VISA ADVISE SLIP	<u>1</u>	TRAVEL ITINERARY:	<u>1-COPY</u>
MEDICAL & LAB REPORTS<	<u>1</u>	RELEASE LETTER:	<u>1</u>
PROOF OF RELATIONSHIP:	<u>1-COPY</u>	INVITER'S IQAMA:	<u>1-COPY</u>
VACCINATION RECORDS<	<u>1-COPY</u>		

OTHER: SEE NEXT PAGES FOR MORE DETAIL INFORMATION ON REQUIREMENTS.

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

FEES PER PERSON:

VIP SERVICE FEE: (REGULAR PROCESS)	<u>\$95.00</u>
CONSULATE FEE:	<u> </u>
MONEY ORDER:	<u> </u>
OTHER FEES: <u>COMPLETE ONLINE APPLICATION(RECOMMENDED)</u>	<u> </u>
*ADD RETURN FEDERAL EXPRESS FEE:	<u> </u>
TOTAL: (NO PERSONAL CHECKS PLEASE)	<u> </u>

*FEDERAL EXPRESS FEES:

PRIORITY LETTER	\$29.00
2-DAY LETTER	\$23.50
3-DAY LETTER	\$19.50
SATURDAY LETTER	\$41.50
1 ST OVERNIGHT DELIVERY	\$75.00

** VISA PROCESSING TIME

REGULAR PROCESSING TIME: 6 TO 7 DAYS

COMMENTS: _____

REVISED: 26/44/4239TMUFN+

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SAUDI ARABIA RESIDENT VISIT

PLEASE SUBMIT THE FOLLOWING DOCUMENTS:

- 1.) **SIGNED U.S. PASSPORT**
 - MINIMUM OF 12 MONTHS VALIDITY REMAINING
 - MUST HAVE TWO (2) SIDE-BY-SIDE BLANK VISA PAGES
- 2.) **FIVE (5) PASSPORT-TYPE PHOTOGRAPHS (2x2)**
 - RECENTLY TAKEN WITHIN THE LAST 6 MONTHS
 - WHITE BACKGROUND
 - DARK SHIRT
- 3.) **ONE (1) COMPLETED APPLICATION** *(IF THE HARD COPY OF THE APPLICATION IS NOT COMPLETED IN ITS ENTIRETY, IT COULD CAUSE A DELAY IN THE VISA PROCESS AND INCURE ADDITIONAL FEES TO COMPLETE ON TRAVELER'S BEHALF). THE CONSULATE WILL NOT ACCEPT ANY APPLICATIONS WITH WHITE-OUT OR OTHER HAND-MADE CORRECTIONS. PLEASE BE SURE TO USE OUR TIPS ON COMPLETING THE APPLICATION TO HELP ENSURE THERE ARE NO DELAYS IN SUBMISSION AND/OR PROCESSING. **PLEASE REFER TO THE NEXT PAGES FOR THE APPLICABLE FORMS FOR EACH EMBASSY/CONSULATE LOCATION.***
- 4.) **SIGNED DECLARATION** *(SECOND PAGE OF THE APPLICATION)*
- 5.) ****COPY OF THE ONLINE CONFIRMATION**-IF WE RECEIVE A VISA REQUEST WITHOUT A COPY OF THE ONLINE APPLICATION CONFIRMATION, VIP WILL COMPLETE THIS PROCESS ON THE APPLICANT'S BEHALF AND CHARGE AN ADDITIONAL \$30.00 SERVICE FEE IN ADDITION TO THE \$10.50 ONLINE FEE
**** DUE TO THE EXTREME SENSITIVITY OF THE CONSULATE AS TO HOW THE APPLICATION IS COMPLETED, WE RECOMMEND THAT THE APPLICANT AUTHORIZE VIP TO COMPLETE THE ONLINE APPLICATION ON THEIR BEHALF TO ENSURE THAT IT IS COMPLETED CORRECTLY AND THAT THERE ARE NO DELAYS IN PROCESSING (\$30.00 FEE).**
IF THE APPLICANT PREFERS TO COMPLETE THE ONLINE APPLICATION, [CLICK HERE](#) TO COMPLETE THE REQUIRED APPLICATION AND **PAY THE \$10.50 ONLINE APPLICATION FEE.**
- 6.) **COPY OF MARRIAGE CERTIFICATE** *(IF VISITING A SPOUSE) OR A COPY OF YOUR BIRTH CERTIFICATE* *(IF VISITING A PARENT) OR A COPY OF THEIR GOVERNMENT ISSUED DOCUMENT THAT SHOWS THE FAMILY RELATION/KINSHIP*
- 7.) MINORS (UNDER 18 YEARS OF AGE) TRAVELING ALONE OR WITH ONE PARENT MUST SUBMIT A NOTARIZED LETTER OF AUTHORIZATION, IN EITHER ENGLISH OR ARABIC, SIGNED BY BOTH PARENTS OR LEGAL GUARDIANS. **[CLICK HERE](#)** FOR AN EXAMPLE OF THE MINOR AUTHORIZATION LETTER.
- 8.) **COPY OF THE OFFICIAL VISA ADVISE SLIP** *(THE VISA ADVISE SLIP IS A NOTE SHOWING THE NUMBER AND THE DATE OF THE VISA ISSUED BY THE MINISTRY OF FOREIGN AFFAIRS OR ANY OF ITS BRANCHES IN JEDDAH OR DAMMAM)*

CONTINUED →



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- 9.) **COPY OF IQAMA** (FROM THE FAMILY MEMBER(S) IN SAUDI)
- 10.) **THREE (3) COPIES OF THE MEDICAL REPORT-**
 - MUST BE ISSUED BY A LICENSED PHYSICIAN WHO MUST SIGN EACH COPY AND CERTIFY THE APPLICANT IS FREE OF ANY CONTAGIOUS DISEASE-THE LICENSE NUMBER AND THE ADDRESS AND PHONE SHOULD APPEAR ON EACH COPY-THE VISA OFFICER LIKES THE INFORMATION TO BE BOTH HAND WRITTEN AND RUBBER STAMPED ON EACH COPY (RUBBER STAMPED ON THE BOTTOM RIGHT CORNER OF EACH COPY)-CHILDREN UNDER THE AGE OF SIXTEEN (16) DO NOT NEED A MEDICAL REPORT OR LAB REPORTS-THE MEDICAL REPORTS MUST BE USED WITHIN THREE (3) MONTHS FROM THE DATE OF ISSUANCE.
- 11.) **ONE (1) CLEAR COLOR COPY OF LAB REPORTS**
 - MUST BE REQUESTED BY SAME PHYSICIAN ISSUING MEDICAL REPORT IN ITEM #10
 - MUST REFLECT A NEGATIVE OR NON-REACTIVE RESULT FOR HEPATITIS A, B & C AS WELL AS H.I.V. (HEP. A ONLY REQUIRED WHEN THE VISA IS BEING PROCESSED THROUGH WASHINGTON D.C.).
- 12.) **VACCINATION RECORDS**
 - APPLICANTS UNDER THE AGE OF SIXTEEN (16) ARE REQUIRED TO PROVIDE VACCINATION RECORDS.
- 13.) **CRIMINAL BACKGROUND CHECK**
 - A CRIMINAL BACKGROUND CHECK THROUGH TALETWISE IS REQUIRED FOR ALL APPLICANTS OVER THE AGE OF EIGHTEEN (18). IF YOU WOULD LIKE VIP TO ARRANGE FOR YOUR BACKGROUND CHECK THERE WILL BE AN ADDITIONAL FEE OF \$117.40 (\$79.90 TALETWISE FEE AND \$37.50 VIP PROCESSING FEE) **CLICK HERE** IF YOU WOULD LIKE VIP TO REQUEST THE BACKGROUND CHECK ON YOUR BEHALF.
- 14.) **ONE (1) RELEASE LETTER** (SEE PAGE 7)
- 15.) **ONE (1) COPY OF THE TRAVEL ITINERARY** (IF AVAILABLE)

VALIDITY: THE CONSULATE CAN ISSUE THE RESIDENCE VISA VALID FOR UP TO 90 DAYS AND WILL ALLOW A SINGLE ENTRY.

INVITATION LETTER: IF THE APPLICANT WILL TRAVEL TO SAUDI TO VISIT THEIR FAMILY MEMBER WHO CURRENTLY RESIDES IN SAUDI ARABIA YOU WILL NEED TO APPLY FOR A FAMILY VISIT VISA (PLEASE SEE THE OTHER SET OF INSTRUCTIONS TITLED SAUDI ARABIA FAMILY VISIT VISA).

SPECIAL PROCESSING FEES: THE COST OF ONLINE APPLICATIONS FOR VISAS BEING PROCESSED IN NEW YORK AND WASHINGTON D.C. ARE \$50.00 SERVICE FEE IN ADDITION TO THE CONSULATE'S \$10.50 ONLINE FEE.

REVISED: 04-22-2017 (SDL)

SAUDI CONSULATE LOCATIONS

EACH APPLICANT'S INVITATION INDICATES WHERE IT WILL BE PROCESSED. IF YOU ARE UNSURE AS TO WHERE YOURS WILL BE PROCESSED, PLEASE EMAIL OR FAX A COPY OF YOUR INVITATION TO OUR OFFICE AND WE WILL ADVISE WHICH APPLICATION YOU WILL NEED TO SUBMIT.

SAUDI ARABIA EMBASSY/CONSULATE LOCATIONS	
ENGLISH	ARABIC
HOUSTON	هيوستن
WASHINGTON, DC	واشنطن
NEW YORK	نيويورك

***IF YOUR INVITATION INDICATES A LOCATION OTHER THAN THE ONES LISTED ABOVE, PLEASE CONTACT OUR OFFICE FOR MORE INFORMATION**

HOUSTON CONSULATE

[CLICK HERE](#) FOR THE **HOUSTON** VISA APPLICATION FORM

- COMPANY LETTERS AND INVITATIONS MUST BE ADDRESSED TO THE SAUDI ARABIA CONSULATE IN HOUSTON.

NEW YORK CONSULATE

[CLICK HERE](#) FOR THE **NEW YORK** VISA APPLICATION FORM

- COMPANY LETTERS AND INVITATIONS MUST BE ADDRESSED TO THE SAUDI ARABIA CONSULATE IN NEW YORK.

WASHINGTON, D.C. EMBASSY

[CLICK HERE](#) FOR THE **WASHINGTON, D.C.** VISA APPLICATION FORM

- COMPANY LETTERS AND INVITATIONS MUST BE ADDRESSED TO THE SAUDI ARABIA EMBASSY IN WASHINGTON, D.C.

REVISED: 04-18-2017 (SDL)



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RELEASE LETTER

DEAR CONSULATE OF SAUDI ARABIA,

I, _____, AUTHORIZE YOUR OFFICE TO DISCUSS THE STATUS OF AND THE RELEASE OF MY PASSPORT TO: STEPHEN LEIGHTON, DAN THE DURAN, ISRAEL GONZALES, PAUL HOLROYD, ERIK ROMERO, RUBEN JALAMO OR ANY REPRESENTATIVE OF VIP PASSPORT SERVICES, INC., MY AGENT IN PROCESSING MY VISA APPLICATION FOR SAUDI ARABIA.

THANK YOU FOR YOUR ASSISTANCE.

SINCERELY,

SIGNATURE: _____ DATE: _____

DATE OF ENTRY INTO SAUDI ARABIA: _____

*I WILL ENTER INTO SAUDI VIA AIR OR LAND: _____

DATE OF DEPARTURE FROM THE U.S.A.: _____

***APPLICATIONS PROCESSED VIA THE HOUSTON CONSULATE WILL TYPICALLY ALLOW THE APPLICANT TO ENTER SAUDI VIA AIR OR LAND. APPLICATIONS PROCESSED VIA NEW YORK, DC OR LOS ANGELES WILL TYPICALLY ALLOW ENTRY ONLY VIA THE AIRLINES.**



MEDICAL REPORT

PHOTO

NAME: _____

NATIONALITY: _____	SEX: _____	AGE: _____	MARITAL STATUS: _____
PASSPORT NO: _____	ISSUE PLACE: _____	ISSUE DATE: _____	
POSITION APPLIED FOR: _____			

DEAR SIR / MADAM
PLEASE, ARRANGE TO EXAMINE THE ABOVE MENTIONED CANDIDATE AS TO HIS/HER FITNESS FOR THE ABOVE MENTIONED POSITION.

DATE ___/___/___ RECRUITMENT ATTACHE/OR DOCTOR: _____

HISTORY OF ANY SIGNIFICANT PAST ILLNESS INCLUDING:

- PSYCHIATRIC AND NEUROLOGICAL DISORDERS (EPILEPSY, DEPRESSION...)
- ALLERGY

MEDICAL EXAMINATION				LABORATORY INVESTIGATION		
TYPE OF MEDICAL EXAMINATION		NEGATIVE\ NORMAL	POSITIVE\ ABNORMAL	TYPE OF LABORATORY INVESTIGATION	NEGATIVE\ NORMAL	POSITIVE\ ABNORMAL
VISION				(URINE)		
	R. EYE					- SUGAR
	L. EYE					- ALBUMIN
EYE	OTHER					- BILHARZIASIS
	R. EYE					- OTHER
	L. EYE					
EAR	R. EAR			(STOOL)		
	L. EAR					- HELMINTHES
CHEST X - RAY						- SALMONELLA/SHIGELLA
PULMONARY TUBERCULOSIS						- V.CHOLERA
(SYSTEMIC EXAMINATION)						- OTHER
BLOOD PRESSURE				(BLOOD)		
HEART						- HEMOGLOBIN
LUNGS						- MALARIA FILM
ABDOMEN						- OTHERS
(OTHERS)				(SEROLOGY)		
*HERNIA						- HIV TEST
*VARICOSE VEINS						
EXTREMITIES						- F. B. S.
SKIN						- HBSAG/ANTI HCV
(VENEREAL DISEASES)						- L. F. T.
- CLINICAL						- CREATININE
- LAB						- UREA
VDRL						
TPHA				PREGNANCY TEST		

CONFIRM IF THE APPLICATION HAS ONE OF THE FOLLOWING:	NO	YES
COMMUNICABLE DISEASES		
MENTAL DISORDER		
MENTAL RETARDATION		
PHYSICAL DISORDERS		
HANDICAP		
PARALYSIS		
BLINDNESS		
HEARING DISORDER		
SPEECH DISORDER		

MENTIONED ABOVE IS THE MEDICAL REPORT FOR MR / MRS / MISS _____, WHO IS
 FIT UNFIT FOR THE ABOVE MENTIONED JOB.
 - TO BE FIT, ALL MEDICAL EXAMINATIONS AND LABORATORY INVESTIGATIONS MUST BE WITHIN NORMAL LIMITS. IN THE EVENT OF AN ABNORMAL/POSITIVE RESULT, A TYPEWRITTEN LETTER SIGNED BY THE PHYSICIAN STATING THE CONDITION AND ANY TREATMENT IMPLEMENTED. THIS LETTER SHOULD ALSO INDICATE WHETHER THIS CONDITION OR TREATMENT WILL HAVE ANY EFFECT ON THE APPLICANT'S WORK.

PHYSICIAN NAME: _____ SIGNATURE: _____
 LICENSE NUMBER: _____ STAMP: _____

THIS FORM MUST BE ATTESTED BY ONE OF THE TWO FOLLOWING AUTHORITIES:

THIS IS TO CERTIFY THAT DR. _____ LICENSE NUMBER: _____, IS CURRENTLY LICENSED TO PRACTICE MEDICINE. AUTHORIZED SIGNATURE : _____ (1)	DEPARTMENT OF HEALTH (2)
STAMP OR SEAL OF THE STATE AUTHORITY (COLLEGE OF PHYSICIANS)	