



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: SAUDI ARABIA WORK (BLOCK) VISA

DOCUMENTS REQUIRED:

VALID PASSPORT:	<u>1</u>	APPLICATION (S):	<u>1</u>
PASSPORT TYPE PHOTO (S):	<u>5</u>	TRAVEL ITINERARY:	<u>1-COPY</u>
POLICE LETTER:	<u>1</u>	COMPANY LETTER:	<u>1</u>
MEDICAL REPORT:	<u>1</u>	RELEASE LETTER:	<u>1</u>

OTHER: BE SURE TO SEND A COPY OF THE ONLINE APPLICATION CONFIRMATION-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: (REGULAR PROCESS)	<u>\$75.00</u>
CONSULATE FEE:	<u>\$14.00</u>
MONEY ORDER:	<u>\$3.00</u>
** <input type="checkbox"/> SPECIAL HANDLING FEE: (4 DAY OR LESS RUSH PROCESS)	<u> </u>
OTHER FEES: <u>COMPLETE ONLINE APPLICATION</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

**VISA PROCESSING TIME

REGULAR PROCESSING TIME: 5 TO 7 DAYS

PLEASE MARK THE APPROPRIATE BOX IF YOU NEED VIP TO REQUEST TO HAVE THE VISA ISSUED IN 4 DAYS OR LESS FROM THE DAY WE SUBMIT YOUR APPLICATION (\$20.00 SPECIAL HANDLING FEE).

COMMENTS: IN THE EVENT YOU ARE REQUESTING SPECIAL HANDLING, PLEASE SEND YOUR PACKAGE BY AN OVERNIGHT COURIER THAT OFFERS AN 8:00 AM EARLY MORNING DELIVERY.

REVISED: 03-24-2012 (SDL)

Specializing in Visas, Passports, Document Legalization and Translations



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SAUDI ARABIA WORK (BLOCK) VISA

PLEASE SUBMIT THE FOLLOWING DOCUMENTS:

- 1.) U.S. PASSPORT (SHOULD BE VALID BEYOND THE LENGTH OF THE EMPLOYMENT CONTRACT WITH 2 SIDE BY SIDE BLANK VISA PAGES)
- 2.) (5) FIVE IDENTICAL PASSPORT-TYPE PHOTOGRAPHS (2x2) WITH A WHITE BACKGROUND HAVING A HIGH RESOLUTION AND PROPER CONTRAST (PREFERABLY WEARING A DARK COLORED SHIRT SO WHEN THE PHOTO IS SCANNED IT WILL NOT BLEND INTO THE BACKGROUND)
- 3.) (1) ONE COMPLETED APPLICATION WITH DECLARATION (HARD COPY)
- 4.) [CLICK HERE](#) TO COMPLETE THE MINISTRY OF FOREIGN AFFAIRS ONLINE APPLICATION AND PAY THE \$10.50 ONLINE APPLICATION FEE **(FAILURE TO DO SO WILL CAUSE A DELAY IN PROCESSING THE APPLICATION)**
- 5.) COPY OF THE ONLINE CONFIRMATION-IF WE RECEIVE YOUR REQUEST WITHOUT A COPY OF THE ONLINE APPLICATION CONFIRMATION (THAT YOU HAVE APPLIED ONLINE AND PAID THE FEES) THEN VIP WILL TAKE CARE OF THIS PART OF THE PROCESS ON THE APPLICANTS BEHALF AND CHARGE AN ADDITIONAL \$30.00 SERVICE FEE AND THE \$10.50 ONLINE FEE **(FAILURE TO SEND A COPY WILL CAUSE A DELAY IN PROCESSING YOUR APPLICATION)**
- 6.) THE CONSULATE/EMBASSY WILL REQUIRE THAT YOU SUBMIT CERTIFIED COPIES OF YOUR CREDENTIALS SHOWING YOU ARE QUALIFIED TO ACCEPT THE POSITION AS LISTED IN YOUR CONTRACT. YOU WILL NEED TO SUBMIT THE FOLLOWING DOCUMENTS:
 - IF YOU HAVE ACCEPTED A DEGREED POSITION YOU WILL NEED TO SUBMIT A COPY OF YOUR COLLEGE DEGREE OR DIPLOMA THAT HAS BEEN AUTHENTICATED/CERTIFIED BY THE SAUDI ARABIAN CULTURAL MISSION-IF YOU WOULD LIKE FOR VIP TO ARRANGE FOR YOUR DEGREE TO BE AUTHENTICATED/CERTIFIED BY THE SAUDI ARABIAN CULTURAL MISSION THEN PLEASE [CLICK HERE](#) FOR THE INSTRUCTIONS AND THE FEES
 - IF YOU HAVE ACCEPTED A NON DEGREED POSITION THEN YOU WILL NEED TO SUBMIT YOUR RESUME (CV) AND A COPY OF YOUR JOB TRAINING CERTIFICATES AND OR TECHNICAL DIPLOMAS-THE CONSULATE IN HOUSTON DOES NOT REQUIRE THESE DOCUMENTS TO BE LEGALIZED BUT THE EMBASSY IN DC DOES-IF YOU NEED VIP TO ARRANGE FOR THESE DOCUMENTS TO BE LEGALIZED PLEASE GIVE OUR OFFICE A CALL SO WE CAN DISCUSS THE DETAILS
- 7.) COPY OF THE OFFICIAL BLOCK VISA ADVICE SLIP (THE VISA ADVICE SLIP SHOWS THE POSITIONS THAT ARE AVAILABLE TO BE FILLED ON THE BLOCK AND IS ISSUED BY THE MINISTRY OF FOREIGN AFFAIRS IN SAUDI)

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- 8.) THE ORIGINAL EMPLOYMENT CONTRACT FROM THE SPONSORING COMPANY IN SAUDI ARABIA THAT HAS BEEN STAMPED BY THE CHAMBER OF COMMERCE AND BY THE MINISTRY OF FOREIGN AFFAIRS-SIGNED BY BOTH PARTIES-THE POSITION MENTIONED IN THE CONTRACT SHOULD MATCH THE POSITION MENTIONED IN THE BLOCK VISA ADVICE SLIP
- 9.) THE ORIGINAL LETTER FROM THE COMPANY IN SAUDI ARABIA SPONSORING THE APPLICANT-CERTIFIED BOTH BY THE SAUDI CHAMBER OF COMMERCE AND BY THE MINISTRY OF FOREIGN AFFAIRS. THIS LETTER MUST INDICATE THE BLOCK VISA NUMBER AND DATE AS WELL AS THE POSITION AND NAME OF THE APPLICANT-IF THIS LETTER IS BEING SUBMITTED THROUGH A VISA SERVICE AGENCY, THEN ATTACHED TO THE LETTER SHOULD BE AN AUTHORIZATION FROM THE COMPANY ALLOWING THE AGENCY TO FINALIZE ALL THE REQUIREMENTS TO OBTAIN THE VISA, BLOCK VISA NUMBER AND DATE
- 10.) THREE (3) COPIES OF THE MEDICAL REPORT. 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)-THE MEDICAL REPORTS MUST BE USED WITHIN THREE (3) MONTHS FROM THE DATE OF ISSUANCE
- 11.) GOOD CLEAR COPY OF THE LAB REPORTS THAT WERE REQUESTED BY THE DOCTOR TO ENABLE HIM TO COMPLETE THE MEDICAL REPORT (THE HIV AND THE HEP B AND HEP C ARE A MUST)
- 12.) CONSULATE FEE: \$14.00
- 13.) RELEASE LETTER THAT AUTHORIZES THE RELEASE OF THE PASSPORT BACK TO VIP ONCE THE VISA HAS BEEN ISSUED
- 14.) POLICE CLEARANCE LETTER-LISTING IN DETAIL THE APPLICANTS CRIMINAL RECORD (IF ANY)-ISSUED BY THE LOCAL POLICE DEPARTMENT THAT HAS JURISDICTION OVER THE ADDRESS LISTED ON THE APPLICANTS DRIVER'S LICENSE-THE LETTER NEEDS TO BE PRINTED ON THE LETTERHEAD OF THE ISSUING POLICE DEPARTMENT AND SHOULD BE SIGNED WITH PEN IN HAND BY THE OFFICER IN CHARGE-THE POLICE LETTER MUST BE USED WITHIN 90 DAYS FROM THE DATE OF ISSUE
- 15.) COPY OF THE TRAVEL ITINERARY (IF AVAILABLE)

VALIDITY: ONCE THE CONSULATE OR EMBASSY ISSUES THE WORK BLOCK VISA THE APPLICANT WILL HAVE TO MAKE ENTRY INTO THE KINGDOM WITHIN 90 DAYS FROM THE DATE THE VISA IS ISSUED

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PROCESSING TIME:

IF VIP WILL BE ARRANGING FOR THE ONLINE APPLICATION TO BE COMPLETED YOU CAN EXPECT THERE TO BE AT LEAST A 1 DAY DELAY IN SUBMITTING THE APPLICATION

SPECIAL PROCESSING NOTES:

IF THE INVITATION IS ADDRESSED TO THE SAUDI ARABIA CONSULATE IN NEW YORK YOU WILL NEED TO COMPLETE A NEW YORK APPLICATION ([CLICK HERE](#)) AND THE FEES TO PROCESS THE ONLINE APPLICATION WILL BE \$50.50 (INSTEAD OF \$40.50 AS LISTED ABOVE)

NO OBJECTION CERTIFICATES:

IF THE APPLICANT HAS PREVIOUSLY BEEN EMPLOYED IN SAUDI ARABIA BY A DIFFERENT EMPLOYER WITHIN THE LAST 3 YEARS, THE CONSULATE WILL REQUIRE THAT WE SUBMIT A LETTER (NOC) FROM YOUR PREVIOUS EMPLOYER INDICATING THEY DO NOT OBJECT TO YOU SEEKING EMPLOYMENT IN THE KINGDOM-IF THE APPLICANT IS OVER THE AGE OF 60 THE CONSULATE WILL CONSIDER ISSUING THE VISA IF THE APPLICANT CAN ALSO SUBMIT A LETTER (NOC) FROM THE SAUDI EMPLOYER ACKNOWLEDGING THE APPLICANTS AGE AND DETAILING THE IMPORTANCE OF ISSUING THE VISA ETC

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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, JOHNNY PENA, ABDI
CANALES, RUBEN JALAMO OR ANY REPRESENTATIVE OF VIP SERVICES,
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.: _____

*IF YOU DO NOT LIST THAT YOU WILL BE ARRIVING VIA AIR OR LAND
ON THE VISA APPLICATION AND OR ON THIS RELEASE LETTER YOU CAN
EXPECT A DELAY IN PROCESSING YOUR APPLICATION.



سفارة المملكة العربية السعودية

واشنطن

القسم القنصلي

Royal Embassy of Saudi Arabia

Washington

Consular Section

NOTICE ON SAUDI LAWS AND REGULATIONS

I hereby undertake to give my fingerprints and my eye iris pattern images and comply with the laws of the Kingdom of Saudi Arabia.

I, the undersigned, hereby agree to have my fingerprint and iris data (biometrics) captured as part of the application procedure for an entry visa to the Kingdom of Saudi Arabia. I further agree and declare as follows:

1. If granted the visa, I shall abide by all the laws and regulations of the Kingdom of Saudi Arabia and respect the Islamic customs and traditions of its people;
2. I am aware that all alcoholic beverages, narcotics and other illegal drugs, pornographic materials or publications that violate the social norms of decency and all other publications that are disrespectful of any religious belief or political orientation are prohibited and shall not be brought into the Kingdom of Saudi Arabia;
3. I am also fully aware that the crime of smuggling narcotics and other illegal drugs into the Kingdom of Saudi Arabia is punishable by the death penalty;
4. I have never been removed, excluded or deported from the Kingdom of Saudi Arabia or from any other Gulf Cooperation Council member state or charged with violation of any law or regulation thereof;
5. I agree to depart the Kingdom of Saudi Arabia on or before the expiration date of my visa. I am well aware that any violation of the laws and regulations of the Kingdom or any engagement in prohibited activities, such as the activities mentioned herein or in the entry visa documentation, are subject to the penalties described in the "Dealing with Persons on Entry Visas" statute, as enacted by Royal Decree No. 42, dated 10/18/1404 H;
6. I acknowledge and reaffirm my declaration that this application and the evidence submitted with it are all true and correct. I also understand that if I submit any false information or if my name was found to be listed as banned from entry into the Kingdom of Saudi Arabia, my application will be denied or my visa, if already granted, revoked. Moreover, I may be turned back from any Saudi port of entry at my own expense, while I shall have no right to demand compensation.

Name (Please print): _____

Signature: _____

Date: _____



سفارة المملكة العربية السعودية
واشنطن
القسم القنصلي

Royal Embassy of Saudi Arabia
Washington
Consular Section

First Name:	Middle Name:	Last Name:	الإسم الكامل:
Mother's Name:	إسم الأم:		
Date of Birth:	تاريخ الولادة:	Place of Birth:	محل الولادة:
Previous Nationality:	الجنسية السابقة:	Present Nationality:	الجنسية الحالية:
Place of Issue:	محل الإصدار:	Passport No:	رقم الجواز:
Expiration Date:	تاريخ انتهاء صلاحية الجواز:	Date of Issue:	تاريخ الإصدار:
Sex:	الجنس:	Marital Status:	الحالة الاجتماعية:
Female Male	أنثى ذكر	Married Single	متزوج عازب
Religion:	الديانة:		
Profession:	المؤهل العلمي:	Qualification:	المهنة:
Home Address and Telephone No.:			عنوان المنزل ورقم التلفون:

E-mail Address:	البريد الإلكتروني:
Business Address and Telephone No:	عنوان الشركة (المؤسسة) ورقم التلفون:

Purpose of Travel:	الغاية من السفر:
Employment <input type="checkbox"/> إقامة <input type="checkbox"/> دراسية <input type="checkbox"/> عمرة <input type="checkbox"/> حج <input type="checkbox"/> دبلوماسية <input type="checkbox"/> خاصة <input type="checkbox"/> شخصية <input type="checkbox"/>	شخصية <input type="checkbox"/>
Re-Entry <input type="checkbox"/> مرور <input type="checkbox"/> سياحة <input type="checkbox"/> تجارية <input type="checkbox"/> رجال اعمال <input type="checkbox"/> حكومية <input type="checkbox"/> زيارة عمل <input type="checkbox"/> زيارة عائلة <input type="checkbox"/>	Family Visit <input type="checkbox"/>

Method of Payment: Company Check: [] Money Order: []	طريقة الدفع:
Name and Address of Company or Individual invitee in the Kingdom:	اسم وعنوان الشركة أو اسم الشخص الداعي وعنوانه بالمملكة:

Travel Information:	معلومات السفر	
Date of arrival in Saudi Arabia:	Via Airline:	Flight No:
City of Embarkation:	Port of Entry:	
Duration of Stay in the Kingdom:		

Name of traveling companion:	اسم المحرم:
Relationship of the person traveling with:	صلته:

*** Application must be filed out in its entirety ***

I, the undersigned, hereby certify that:

- I agree to have my fingerprints taken and my Iris scanned. أنا الموقع أدناه اوافق على اخذ بصمة الاصابع وقزحية العين
 - All the information provided is correct. I will abide by the laws of the Kingdom during the period of my residence. أقر بأن كل المعلومات التي دونتها صحيحة وسأكون ملتزماً بقوانين المملكة أثناء فترة وجودي بها.
- التوقيع: التاريخ: الإسم:

Name:	Signature:	Date:
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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)	