

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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TANZANIA 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

OTHER: SEE NEXT PAGES FOR MORE DETAILED INSTRUCTIONS.

PROCESSING FEES (PER APPLICANT)

VIP SERVICE FEE: (REGULAR PROCESS)	<u>\$75.00</u>
CONSULATE FEE: (SEE NEXT PAGE)	_____
MONEY ORDER:	<u>\$6.00</u>
<input type="checkbox"/> SPECIAL HANDLING FEE: (RUSH PROCESS - LESS THAN 5 DAYS)	_____
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:	7 TO 10 DAYS
PLEASE MARK THE APPROPRIATE BOX IF YOU NEED VIP TO REQUEST TO HAVE THE VISA ISSUED IN LESS THAN 5 DAYS FROM THE DAY THAT WE SUBMIT YOUR APPLICATION (\$50.00 SPECIAL HANDLING).	

COMMENTS: _____

REVISED: 4-30-2018(JENN)

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TANZANIA TOURIST VISA

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

1.) U.S. PASSPORT

- MUST HAVE AT LEAST TWO (2) BLANK VISA PAGES
- MUST HAVE MINIMUM OF 6 MONTHS REMAINING VALIDITY

2.) TWO (2) PASSPORT-TYPE PHOTOGRAPHS (2x2) – MUST HAVE BOTH EARS SHOWING IN PHOTO

3.) ONE (1) COMPLETED APPLICATION

4.) ONE (1) COPY OF INT'L HEALTH CERTIFICATE (SEE BELOW)

5.) ONE (1) COPY OF TRAVEL ITINERARY/TICKET

6.) COPY OF THE DAY-BY-DAY ITINERARY-IF YOU ARE TRAVELING WITH A TOUR GROUP OR SAFARI GROUP, PLEASE BE SURE TO INCLUDE THE LOCATIONS AND CONTACT INFORMATION FOR EACH PLACE OF STAY FOR THE ENTIRE TRIP. IF YOU HAVE HOTEL CONFIRMATIONS PLEASE SEND A COPY TO SUPPORT YOUR APPLICATION.

7.) CONSULATE FEE:

PROCESS SPEED	CONSULATE FEE
REGULAR (7 TO 10 DAYS)	\$100.00
4 DAY RUSH	\$120.00
24 TO 48 HOURS RUSH	\$150.00

VALIDITY: THE VALIDITY, DURATION OF STAY AND NUMBER OF ENTRIES OF THE VISA IS ISSUED AT THE DISCRETION OF THE CONSULAR OFFICERS, WHOSE DECISIONS ARE BASED ON THE LAWS AND REGULATIONS OF TANZANIA. THE CONSULAR OFFICERS HAVE THE AUTHORITY TO REFUSE ANY VISA APPLICATIONS INCONSISTENT WITH TANZANIA LAWS AND REGULATIONS, OR REVOKE ISSUED VISAS. YOU MAY ENTER TANZANIA UP TO/BEFORE THE EXPIRATION DATE LISTED ON YOUR VISA AND STAY FOR THE "DURATION OF STAY" AS INDICATED ON YOUR VISA.

IMMUNIZATIONS: VACCINATION AGAINST CHOLERA AND MALARIA IS RECOMMENDED. YELLOW FEVER VACCINATION IS REQUIRED FOR ALL PASSENGERS ENTERING TANZANIA FROM YELLOW FEVER ENDEMIC COUNTRIES/REGIONS. ALL INDIVIDUALS IN TRANSIT FOR 12 HOURS OR MORE AND/OR LEAVE THE IMMEDIATE AIRPORT VICINITY IN A YELLOW FEVER ENDEMIC AREA ARE REQUIRED TO GET VACCINATED. ALL INDIVIDUALS FROM YELLOW FEVER ENDEMIC REGIONS TRAVELING BY WAY OF AIR, MARINE AND LAND ARE REQUIRED TO BE VACCINATED.

REVISED: 4-30-2018 (JENN)

Specializing in Visas, Passports, Document Legalization and Translations



THE EMBASSY OF THE UNITED REPUBLIC OF TANZANIA.

2139 R Street, NW Washington, DC, 20008.
Tel. (202) 939.6125 and (202) 884.1080 Fax (202) 797.7408.

FOR OFFICIAL USE ONLY

GRR NO. _____
VISA NO. _____
Ref. NO. _____

VISA APPLICATION FORM.

(Visa Regulations on the next page).

2 Passport Size
Photograph
Size: 2x2
Do not paste or
staple

- Surname or Family Name (Mr./Mrs./Miss/Ms/Dr./Prof.) _____
First Names in Full _____
Former or Maiden Name (if different from above) _____
- Date of Birth (DD/MM/YY) _____ Sex (M/F) _____
- Place of Birth _____ Country of Birth _____
Current Nationality (State if Dual Nationality) _____
Nationality at Birth _____
- Marital Status (Mark): Single Married Divorced Widowed Legally Separated.
- Passport No _____ Date Issued _____ Valid Until _____
Issued At _____ Issuing Authority _____
- Profession/Occupation _____
Employer Address: _____
- Current Address _____
Tel. _____ Fax _____ E-mail _____
- Name of Travel Agent/Tour Operator _____
- Contact Person(s) in Tanzania _____
Address _____
- Date of Entry _____ Departure Date _____
Duration of Stay _____ (Max. 90 Days)
Type of Visa Requested Travel Visa Transit Visa
- Purpose of visit**

<input type="checkbox"/> Leisure, Holiday	<input type="checkbox"/> Other Business	<input type="checkbox"/> Various
<input type="checkbox"/> Visiting friends, relatives	<input type="checkbox"/> Study	<input type="checkbox"/> Diplomatic
<input type="checkbox"/> Mission	<input type="checkbox"/> Transit	<input type="checkbox"/> Official
<input type="checkbox"/> Meeting, Conference	<input type="checkbox"/> Health Treatment	<input type="checkbox"/> Same day visitor
- Requested Number of Entries: Single Double Multiple.
- In Case Of Transit: Do you have an Entry Permit for the Final Country of Destination? No Yes Valid Until: _____
- Budget Available For Your Stay _____
- I Hereby Declare That The Information Stated Above Is True And Correct :

Signature of Applicant _____ Date _____