

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



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 OF VISA TO SELECT, 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
BUSINESS ("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.

*****DO NOT MARK YOUR APPLICATION AS "BUSINESSMEN"! THIS WILL CAUSE A DELAY IN PROCESSING*****

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.

SPECIALIZING IN VISAS, PASSPORTS, DOCUMENT LEGALIZATION AND TRANSLATIONS

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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: _____

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SAUDI ARABIA RESIDENT VISIT

NON-U.S. PASSPORT HOLDERS

PLEASE SUBMIT THE FOLLOWING DOCUMENTS

- 1.) **VALID, SIGNED 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 (FOR CONTRAST)
- 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 REFERE TO THE NEXT PAGE(S) FOR THE APPLICABLE FORMS FOR EACH EMBASSY/CONSULATE LOCATION.**
- 4.) **SIGNED DECLARATION** (SECOND PAGE OF THE APPLICATION)
- 5.) ****COPY OF THE ONLINE CONFIRMATION – DUE TO THE EXTREME SENSITIVITY OF HOW THE CONSULATE REQUESTS THE REGISTRATION OF THE ONLINE APPLICATION IS COMPLETED, VIP WILL COMPLETE THIS PROCESS ON THE APPLICANT'S BEHALF.**
- 6.) **COPY OF MARRIAGE CERTIFICATE** (IF VISITING A SPOUSE) **OR A COPY OF 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)
- 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
 - FORM MUST BE RUBBER-STAMPED ON THE BOTTOM RIGHT CORNER OF EACH COPY, AND STAMP MUST REFLECT THE NAME, ADDRESS, AND PHONE NUMBER OF THE FACILITY
 - CHILDREN UNDER THE AGE OF SIXTEEN (16) DO NOT NEED A MEDICAL REPORT OR LAB REPORTS
 - MUST BE USED WITHIN THREE (3) MONTHS FROM THE DATE OF ISSUANCE.

CONTINUED →

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11.) ONE (1) CLEAR COLOR COPY OF LAB REPROTS

- 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 (FOR APPLICANTS UNDER 12 YEARS OF AGE ONLY)

13.) CRIMINAL BACKGROUND CHECK – A CRIMINAL BACKGROUND CHECK THROUGH TALENTWISE 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 (\$81.14 TALENTWISE 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)

16.) PROOF OF U.S. STATUS (PLEASE SUBMIT ONE OF THE FOLLOWING):

- FRONT AND BACK COPY OF VALID U.S. GREEN CARD
- ORIGINAL I-94 (<https://i94.cbp.dhs.gov/>) AND VALID U.S. VISA

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:

- ANY APPLICATIONS PROCESSED THROUGH NEW YORK OR LOS ANGELES, CALIFORNIA WILL BE SUBJECT TO A \$25.00 SPECIAL HANDLING FEE.
- IF A HANDWRITTEN APPLICATION RECEIVED IS NOT COMPLETE, IT WILL BE COMPLETED ON THE APPLICANT'S BEHALF (IF ALL NECESSARY INFORMATION IS AVAILABLE) FOR AN ADDITIONAL \$25.00 FEE. PLEASE BE SURE TO FOLLOW THE INSTRUCTIONS ON THE APPLICATION FORM TO ENSURE THAT THE DOCUMENT IS COMPLETED CORRECTLY.

REVISED 1-10-2020 JENN

SPECIALIZING IN VISAS, PASSPORTS, DOCUMENT LEGALIZATION AND TRANSLATIONS

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	هيوسطن
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.



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. (1)	DEPARTMENT OF HEALTH (2)
AUTHORIZED SIGNATURE :	STAMP OR SEAL OF THE STATE AUTHORITY (COLLEGE OF PHYSICIANS)

SUBMIT TO THE CONSULAR SECTION THREE ORIGINALS COPIES OF THIS MEDICAL REPORT AND TWO COPIES OF ALL RESULTS OF THE MEDICAL TESTS. DO NOT SUBMIT X-RAYS AS THOSE MUST BE PRESENTED TO THE HEALTH AUTHORITIES IN SAUDI ARABIA ALONG WITH ONE CLEAR COPY OF THIS REPORT AND ALL TEST RESULTS.