

ATTENTION:

The Saudi Consulate in Houston (Not in DC or NY) is currently asking that the Company letters be notarized and Authenticated by the Secretary of State's office. Our office can arrange for the Company letters to be authenticated and usually within 3 or 4 days (*VIP Service fees are \$95.00, The fed ex fees to and from the Capitol is \$90.00 and the State usually charges from \$10.00 to \$40.00 depending on the State of origin*).

Once the visa has been issued and you are preparing to travel please keep in mind that you will be required to have **PCR test done within 48 hours prior to arrival in Saudi.**

Thank you,
VIP Services, Inc.

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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SAUDI BUSINESS VISA NON-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	TRAVEL ITINERARY:	1-COPY
U.S. COMPANY LETTER:	1	DECLARATION:	1
COPY OF INVITATION:	1	RELEASE LETTER:	1

ALL NON - US PASSPORT HOLDERS MUST ALSO SUBMIT VALID PROOF OF U.S. STATUS - U.S. VISA OR PERMANENT RESIDENT CARD.

FOR ALL U.S. VISA HOLDERS, PLEASE BE SURE TO ALSO SEND A COPY OF YOUR MOST RECENT I-94 (VISIT [HTTPS://I94.CBP.DHS.GOV](https://i94.cbp.dhs.gov)).

OTHER: SEE NEXT PAGES FOR MORE DETAILED INSTRUCTIONS.

PROCESSING FEES

(PER APPLICANT)

VIP SERVICE FEE: (REGULAR PROCESS)	\$225.00
CONSULATE FEE: (VARIES BY NATIONALITY, SEE NEXT PAGES)	_____
ONLINE APPLICATION (SEE NEXT PAGES):	\$10.50
PROCESS ADMINISTRATION FEES:	\$50.00
MONEY ORDER:	\$6.00
<input type="checkbox"/> SPECIAL HANDLING FEE: (LESS THAN 5 DAY PROCESS)	_____
OTHER FEES: (NY OR CA SPECIAL HANDLING FEE - WHEN APPLICABLE)	_____
ADD RETURN SHIPPING FEE:	_____
TOTAL: (NO PERSONAL CHECKS PLEASE)	_____

RETURN SHIPPING FEES (SELECT ONE)	
<input type="checkbox"/> PRIORITY OVERNIGHT	\$45.00
<input type="checkbox"/> 2-DAY LETTER	\$37.50
<input type="checkbox"/> 3-DAY LETTER	\$27.50
<input type="checkbox"/> SATURDAY LETTER	\$55.00
<input type="checkbox"/> 1 ST OVERNIGHT LETTER	\$95.00

REGULAR PROCESS TIME:	5 TO 7 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: IF YOU WOULD LIKE TO HAVE YOUR REQUESTED SUBMITTED THE DAY IT IS RECEIVED, PLEASE SEND THE DOCUMENT FOR EARLY MORNING DELIVERY BY NO LATER THAN 8:00A.M.

REVISED 3-10-2022 IM/EL

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SAUDI ARABIA BUSINESS VISA

(NON – U.S. PASSPORT)

PLEASE SUBMIT THE FOLLOWING DOCUMENTS:

1.) SIGNED PASSPORT

- MINIMUM OF 6 MONTHS REMAINING VALIDITY
- MUST HAVE TWO SIDE-BY- SIDE BLANK VISA PAGES

2.) ONE (1) PASSPORT-TYPE PHOTOGRAPHS (2x2)

- RECENT – WITHIN 6 MONTHS
- WHITE BACKGROUND
- DARK SHIRT

3.) ONE COMPLETED APPLICATION *(IF THE HARD COPY OF THE APPLICATION IS NOT COMPLETED IN ITS ENTIRETY, IT COULD CAUSE A DELAY IN THE VISA PROCESS) **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 (1ST PAGE OF APPLICATION)

5.) COPY OF THE ONLINE CONFIRMATION- **DUE TO THE EXTREME SENSITIVITY OF HOW THE CONSULATE REQUEST THE REGISTRATION OF THE ONLINE APPLICATION IS COMPLETED, VIP WILL COMPLETE THIS PROCESS ON THE APPLICANT'S BEHALF (\$10.50 ONLINE ENJAZ APPLICATION FEE)**

6.) COMPANY LETTER OF GUARANTEE (FROM THE U.S. EMPLOYER) – SEE BELOW

7.) COPY OF THE OFFICIAL INVITATION FROM THE SAUDI MINISTRY OF FOREIGN AFFAIRS

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

- ORIGINAL & CLEAR COPY OF YOUR PERMANENT RESIDENT CARD (U.S. GREEN CARD)
- ORIGINAL WORKING CLASS U.S. VISA AND I-94 (VISIT <https://i94.cbp.dhs.gov/>)

09.) INSURANCE REQUEST FORM

10.) COPY OF THE TRAVEL ITINERARY (IF AVAILABLE)

11.) CONSULATE FEES - FEES VARY BASED ON NATIONALITY, USUALLY RANGING

FROM

\$80.00 UP TO \$2100.00 IN SOME CASES. APPLICANT'S CONSULATE FEES TO BE DETERMINED WHEN COMPLETING THE ONLINE APPLICATION.

ADDITIONAL REQUIREMENT FOR CREW MEMBERS: IF THE APPLICANT IS A PILOT OR A CREW MEMBER ON A PRIVATE AIRCRAFT, THE CONSULATE WILL WANT THE INVITATION TO BE APPROVED BY THE MINISTRY OF FOREIGN AFFAIRS (NOT THE CHAMBER) AND WILL NEED TO SUBMIT A COPY OF THE VISA ADVISE SLIP AS WELL AS A COPY OF THEIR CREW ID BADGE AND/OR A COPY OF THEIR PILOT'S LICENSE

***SPECIAL PROCESSING NOTES:** IF THE INVITATION IS ADDRESSED TO THE SAUDI ARABIA CONSULATE IN NEW YORK, PLEASE MAKE NOTE OF THE FOLLOWING REQUIREMENTS:

- U.S. COMPANY LETTER MUST BE NOTARIZED
- YOU WILL NEED TO COMPLETE A NEW YORK APPLICATION (SEE NEXT PAGES)
- INVITATION MUST BE ACCOMPANIED BY THE CERTIFICATE OF REGISTRATION
- U.S. LETTER MUST BE ACCOMPANIED BY THE CERTIFICATE OF INCORPORATION

CONTINUED →

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SPECIAL PROCESSING FEES:

- ANY APPLICATIONS PROCESSED THROUGH NEW YORK OR LOS ANGELES, CALIFORNIA WILL BE SUBJECT TO A \$20.00 SPECIAL HANDLING FEE.
- ALL NON-U.S. PASSPORT HOLDERS ARE REQUIRED TO HAVE INSURANCE PURCHASED FROM ONE OF THE APPROVED VENDERS WHEN THE ONLINE APPLICATION IS BEING REGISTERED. PLEASE BE SURE TO INCLUDE THE INSURANCE REQUEST FORM SO THAT WE ORDER THE INSURANCE ACCORDINGLY.
- 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.

PROCESS ADMINISTRATION FEES (\$50.00): FEES ASSOCIATED TO PERFORM THE REQUIRED TRANSLATION (OF THE INVITATION), UPLOAD THE PHOTOS, AND ARCHIVE A COPY OF ALL SUPPORTING DOCUMENTS INCLUDING A COPY OF THE VISA.

VALIDITY: THE LENGTH OF STAY AND FOR HOW LONG THE VISA IS VALID IS ISSUED AT THE SOLE DISCRETION OF THE VISA OFFICER, TYPICALLY DICTATED BY WHAT IS INDICATED ON THE INVITATION.

REVISED 2-26-2020

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URGENT NOTICE

AS A RESULT OF THE ONGOING CORONAVIRUS EPIDEMIC, THE GOVERNMENT OF SAUDI ARABIA ASKED THAT WE INCLUDE THE INFORMATION BELOW AS PART OF THE ONLINE VISA APPLICATION.

PLEASE LIST THE FOLLOWING INFORMATION FOR EACH COUNTRY THE APPLICANT HAS TRAVELED TO IN THE LAST 6 MONTHS:

<u>DESTINATION</u>	<u>DATE OF ENTRY</u>	<u>DATE OF EXIT</u>	<u>PURPOSE OF TRAVEL</u>

PLEASE LIST THE DATE THE APPLICANT IS EXPECTED TO ENTER SAUDI ARABIA ALONG WITH THE FLIGHT NUMBER:

EXPECTED DATE OF ENTRY INTO SAUDI: _____ FLIGHT NUMBER: _____

APPLICANTS NAME: _____ DATE OF BIRTH: _____

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.

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EXAMPLE OF A COMPANY LETTER OF GUARANTEE

DATE: _____

EMBASSY/CONSULATE OF SAUDI ARABIA
(PLEASE DO NOT ATTENTION THIS LETTER TO VIP SERVICES)

GENTLEMEN:

MR. / MRS. **(TRAVELER)** IS ONE OF OUR EMPLOYEES WHO IS ENGAGED AS **(PROFESSION/JOB TITLE)** FOR **(COMPANY NAME)**. MR. / MRS. **(TRAVELER)** PLANS TO VISIT **(CITY IN SAUDI)** FOR THE PURPOSE OF **(DETAILED EXPLANATION OF TRIP)** WITH **(COMPANY IN SAUDI TO BE VISITED)**.

APPLICANTS NAME:

PASSPORT NUMBER:

PROFESSION:

PASSPORT DATE OF ISSUE:

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 VISA AT YOUR EARLIEST CONVENIENCE.

THANK YOU,

SUPERVISORS SIGNATURE

SUPERVISOR NAME

SUPERVISOR'S POSITION/JOB TITLE

***** PLEASE BE SURE THE COMPANY LETTER IS VERY DETAILED AND FOLLOWS THE FORMAT PROVIDED. ANY LETTERS THAT ARE NOT DETAIL AND/OR DO NOT FOLLOW THE ABOVE FORMAT MAY INCUR A DELAY IN PROCESSING *****

MEDICAL INSURANCE INFORMATION FOR VISIT AND TRANSIT VISAS

Please answer the following questions الرجاء الاجابة على الاسئلة التالية مع مراعاة ان تكون المعلومات صحيحة

MAIN BENEFICIARY -----المستفيد الاول-----

GENDER -----الجنس Date of birth ----- تاريخ الميلاد

1-Are you currently admitted to hospital or receiving emergency medical treatment? -----Yes -----No

هل هناك حالة تنويم في المستشفى حاليا او تتلقى علاج الطوارئ؟

2-Have you been I accident that caused permanent injury of disability? -----Yes -----No

هل تعرضت لحادث أدى الى اصابتك بعلة او اعاقاة؟

3-Do you have any congenital disorders? -----Yes -----No

هل لديك حالات ضعف او تشوه؟

SIGNATURE _____ الامضاء DATE _____ التاريخ

PASSPORT # ----- رقم الجواز

EXPECTED ENTRY DATE ----- تاريخ الدحول المتوقع

P.O.BOX ----- صندوق البريد

CITY ----- اسم المدينة

ZIP CODE ----- الرمز البريدي

E-MAIL ADDRESS ----- البريد الالكتروني

MOBILENUMBER ----- الجوال

Available medical insurance companies (PLEASE SELECT ONE)

Choose company	NAME OF INSURANCE
	TAWUNIYA COOPERATIV INSURANCE CO. الشركة التعاونية للتأمين التعاوني
	BUPA ARABIA FOR COOPERATIVE INSURANCE شركة بوبا العربية للتأمين التعاوني
	ARABIAN SHIELD COOPERATIVE INSURANCE CO شركة الدرع العربي لتأمين التعاوني
	AXA COOPERATIVE INSURANCE COMPANY شركة اكسا للتأمين التعاوني
	SAUDI UNITED COOPERATIV INSURANCE (WALA'A) الشركة السعودية المتحدة للتأمين التعاوني (ولاء)