

VIP PASSPORT SERVICES, INC.

2012 Louisiana Street Houston, Texas 77002 713-659-8472





WORK ORDER REQUEST FORM

TRAVELER INFO:					DON'T FORGET	
TRAVELER NAME						
TRAVELER DATE OF BIRTH					TO EMAIL YOUR	
DATE OF U.S. DEPAI	RTURE				DOCUMENTS TO OUR OFFICE FOR OUR	
DATE PASSPORT IS 1	NEEDE	D			COMPLIMENTARY	
VIP FILE LOCATOR 1	NUMBE	ER			PASSPORT/VISA	
					PRE-CHECK!	
BILLING INFORMA	10IT <i>P</i>	1 🔲 (0	CHECK BOX IF SA	ME AS SHIPPING)		
CONTACT & COMPANY I	NAME					
ADDRESS (STREET, CITY, STA	ATE, ZIP)					
PHONE NUMBER						
CELL NUMBER						
EMAIL						
P.O. OR BILLING REF#:						
RETURN SHIPPING	INFC	DRMA	ATION \square (che	ECK BOX TO WAIVE S	IGNATURE)	
CONTACT & COMPANY	NAME					
ADDRESS (STREET, CITY, ST.	ATE, ZIP)					
PHONE NUMBER						
CELL NUMBER						
EMAIL						
METHOD OF PAYMENT						
□ CREDIT CARD CARD NUMBE		R	EXP. DATE	CVV CODE		
SIGNATURE OF CARD HOLDER			AUTH. AMO	AUTH. AMOUNT \$		
☐ MONEY ORDER ☐ CA		SHIER'S CHECK	□ COMPA	☐ COMPANY CHECK		
SPECIAL INSTRUCT	ions: _					



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GAMBIA TOURIST VISA

U.S. PASSPORT HOLDER

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

PROCESSING FEES

(PER APPLICANT)

VIP SERVICE FEE: (REGULAR PROCESS)	\$150.00			
CONSULATE FEE: (SEE NEXT PAGE)				
MONEY ORDER:	\$6.00			
☐ SPECIAL HANDLING FEE: (1 TO 4 DAY PROCESS)				
OTHER FEES:				
RETURN SHIPPING FEE: (SEE * BELOW)				
TOTAL: (NO PERSONAL CHECKS PLEASE)				

FEDEX LETTER RETURN SHIPPING FEES (SELECT ONE)				
	PRIORITY OVERNIGHT	\$65.00		
	2-DAY	\$57.50		
	3-DAY	\$47.50		
	SATURDAY	\$95.00		
	1 ST OVERNIGHT - CALL			
	LOCAL DELIVERY - CALL			

REGULAR	
PROCESS TIME:	5 TO 10 DAYS
-	

PLEASE MARK THE APPROPRIATE BOX IF YOU NEED VIP TO REQUEST TO HAVE THE VISA ISSUED IN 1 TO 4 DAYS FROM THE DAY THAT WE SUBMIT YOUR APPLICATION (\$50.00 SPECIAL HANDLING).

IN THE EVENT YOU ARE REQUESTING SPECIAL HANDLING, PLEASE CONTACT OUR OFFICE FOR MORE DETAILED INSTRUCTIONS.

*FEDEX WILL CHARGE ADDITIONAL FEES FOR ALL RESIDENTIAL DELIVERIES. ALL SHIPPING FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE.

COMMENTS: THERE WILL BE AN ADDITIONAL \$125.00 FEDEX (TO/FROM) FEE IF

THE CONSULATE IS NOT LOCATED IN HOUSTON, TEXAS.

REVISED: 9-16-2025 (EL)



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GAMBIA TOURIST VISA

U.S. PASSPORT HOLDERS

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

1.) VALID PASSPORT

- MUST HAVE AT LEAST 1 BLANK VISA PAGE
- MINIMUM OF 12 MONTHS REMAINING VALIDITY

2.) ONE (1) RECENT PASSPORT-TYPE PHOTOGRAPH (2x2)

- TAKEN IN THE LAST SIX (6) MONTHS
- WRITE NAME, PUT PASSPORT NUMBER, AND SIGN THE BACK OF THE PHOTO
- 3.) COMPLETED APPLICATION
- 4.) COPY OF TRAVEL ITINERARY
- **5.) CONSULATE FEE**: \$200.00 (5 -10 DAY PROCESS) \$250.00 (3 -4 DAY PROCESS) \$275.00 (1-2 DAY PROCESS)

NOTE: A PERSONAL OR TELEPHONE INTERVIEW MAY BE REQUIRED.

REVISED: 9-17-2025 (EL)



Tel. (202) 785 1399 E-mail <u>info@gambiaembassydc.gm</u> <u>gambiaembassydc@gmail.com</u> Website: https://gambiaembassydc.gm

APPLICATION FORM FOR VISA FOR AMERICAN PASSPORT HOLDERS

1.	First Name	Middle Name		Last Name	
	Date of Birth				
2.	Month	Day	T.	Year	
3.	Place of Birth				
4.	Marital Status				
	☐ Single	☐ Married		☐ Divorced	
5.	Purpose of Visit	.	- - -		
		Business	☐ Tourism	□ Education	
6.	Occupation/Profession				
7.	Passport No	Issue Da	te	Expiration Date	
8.	Present Address (in U.S. or	r country of res	idence)		
9.	Phone/Cell Number		E-Mail	Address	
10.	Father's Name				
11.	Mother's Name				
12.	Address in The Gambia				
13.	Length of Stay in The Gan	nbia			
14.	Emergency contact in the USA (Name & Tel No.)				
15.	Applicant's Signature		Date		