ATTENTION:

The Saudi Embassy in Washington is currently asking that the applicant provide both the police letter from their local police department along with an FBI clearance letter. VIP can assist with the processing of your FBI clearance letter. If you would like our office to do so, just click here for the instructions.

The Saudi Arabia Government has recently changed how the visas are issued, and now the visa is issued on a separate piece of paper that will need to be carried with the passport when you travel. The visa is no longer placed inside of the passport.

Thank you,

VIP Passport Services, Inc.

REVISED: 10-27-2023 (EL)

VIP PASSPORT SERVICES, INC.

2012 Louisiana Street
Houston, Texas 77002
713-659-8472
Website: www.vippassports.com Email: info@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 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	
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	
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, Apostilles, Document Legalizations, and Translations

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SAUDI ARABIA RESIDENT VISA

U.S. PASSPORT HOLDER

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

PROCESSING FEES

(PER APPLICANT)

VIP SERVICE FEES: (REGULAR PROCESS)	$275.00
CONSULATE & ENJAZ FEES:	$10.50
MONEY ORDER:	$6.00
☐ SPECIAL HANDLING FEE: (LESS THAN 4 DAY PROCESS)	
OTHER FEES: _____	
RETURN SHIPPING FEE:	
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
☐ 1ST OVERNIGHT - CALL	
☐ LOCAL DELIVERY - CALL	

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 4 DAYS FROM THE DAY THAT WE SUBMIT YOUR APPLICATION ($50.00 SPECIAL HANDLING). THE PROCESSING TIME STARTS WHEN WE HAVE SUBMITTED TO THE EMBASSY/CONSULATE.	

COMMENTS: **THERE WILL BE AN ADDITIONAL $125.00 FEDEX (TO/FROM) FEE IF THE CONSULATE IS NOT LOCATED IN HOUSTON, TEXAS. THE APOSTILLE FEE MAY BE A MORE IF IT IS NOT PROCESSED IN TEXAS.**

REVISED: 9-23-2025 (EL)

VIP PASSPORT SERVICES, INC.

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SAUDI ARABIA RESIDENT VISIT

PLEASE SUBMIT THE FOLLOWING DOCUMENTS:

1.) **SIGNED U.S. PASSPORT**
- MINIMUM OF 12 MONTHS VALIDITY REMAINING
- MUST HAVE TWO (2) SIDE-BY-SIDE BLANK VISA PAGES

2.) **FOUR (4) 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 ENCURE 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 PAGES 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.) **ORIGINAL MARRIAGE CERTIFICATE** *(IF VISITING A SPOUSE)* ***OR*** **A ORIGINAL BIRTH CERTIFICATE** *(IF VISITING A PARENT)* OR ORIGINAL 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. SEE BELOW 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.) **MONKEY POX** – ALL APPLICANTS REGARDLESS OF AGE ARE REQUIRED TO BE TESTED AGAINST MONKEY POX. YOU CAN EITHER GET A LETTER FROM THE DOCTOR SAYING YOU HAVE BEEN CLEARED OF HAVING MONKEY POX OR YOU CAN GET AN IMMUNIZATION SHOWING YOU BEEN VACCINATED AGAINST MONKEY POX.

CONTINUED →

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11.) 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.

12.) 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.)*.

13.) VACCINATION RECORDS

- APPLICANTS UNDER THE AGE OF SIXTEEN (16) ARE REQUIRED TO PROVIDE VACCINATION RECORDS.

14.) BACKGROUND CHECK REQUEST FORM *(HOUSTON CONSULATE)* - THE CONSULATE IN HOUSTON REQUIRES A CRIMINAL BACKGROUND CHECK THROUGH *TALENTWISE FOR EVERYONE WHO IS EIGHTEEN YEARS OF AGE OR OLDER. (ADDITIONAL FEE OF $120.00 WHICH CONSISTS OF $65.00 TALENTWISE FEE + $55.00 VIP PROCESSING FEE)*

15.) ONE (1) COPY OF THE TRAVEL ITINERARY *(IF AVAILABLE)*

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).

CONTINUED →

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SPECIAL PROCESSING FEES:

- ANY APPLICATIONS PROCESSED THROUGH NEW YORK OR LOS ANGELES, CALIFORNIA WILL BE SUBJECT TO A $125.00 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.

PROCESS ADMINISTRATION FEE FOR ENJAZ ARE THE FEES ASSOCIATED TO PERFORM THE REQUIRED TRANSLATION (OF THE INVITATION), UPLOAD PHOTOS, ARCHIVE A COPY OF ALL SUPPORTING DOCUMENTS AND TO ARCHIVE A COPY OF THE VISA. THIS IS A $50.00 VIP SERVICE FEE THAT HAS BEEN COMBLINED WITH OUR $225.00 VISA PROCESSING FEE WHICH TOTALS $275.00.

REVISED: 1-31-2024 (EL)

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URGENT NOTICE

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:

DESTINATION	DATE OF ENTRY	DATE OF EXIT	PURPOSE OF TRAVEL

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	هيوستن
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. IF THE INVITATION IS ADDRESSED TO THE SAUDI ARABIA CONSULATE IN NEW YORK. WE SUGGEST THAT YOU HAVE THE INVITATION REROUTED TO THE HOUSTON CONSULATE BECAUSE THE NEW YORK CONSULATE IS VERY HARD TO WORK WITH AND WILL TAKE LONGER TO PROCESS.

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.

REVISED: 11-30-2023 (EL)

MEDICAL REPORT نموذج تقرير طبي

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		R. EYE			(URINE)		
		L. EYE			- SUGAR		
EYE					- ALBUMIN		
	OTHER	R. EYE			- BILHARZIASIS		
		L. EYE			- OTHER		
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:

PLEASE BE SURE THAT THIS FORM IS STAMPED BY THE PHYSICIAN'S OFFICE, WITH THE ADDRESS AND PHONE NUMBER OF THE FACILITY/DOCTOR

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)

AUTHORIZED SIGNATURE :

STAMP OR SEAL OF THE STATE AUTHORITY (COLLEGE OF PHYSICIANS)

DEPARTMENT OF HEALTH
(2)

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.

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TALENTWISE BACKGROUND CHECK REQUEST FORM

PLEASE COMPLETE & SEND THIS FORM IF YOU WOULD LIKE FOR VIP TO REQUEST THE BACKGROUND CHECK ON YOUR BEHALF.

APPLICANT FULL NAME	
APPLICANT DATE OF BIRTH	
APPLICANT SOCIAL SECURITY NUMBER	
APPLICANT FULL ADDRESS *(CITY, STATE, ZIP)* ***Please add your move in date (M/D/Y***	
APPLICANT EMAIL ADDRESS	
APPLICANT PHONE NUMBER	
EMPLOYER LOCATION – CITY & STATE	

PLEASE BE SURE THAT THIS FORM IS EITHER TYPED, OR VERY NEATLY HAND-WRITTEN TO ENSURE ACCURACY WHEN REGISTERING THE BACKGROUND CHECK REQUEST.

******IMPORTANT******

AN APPLICANT'S BACKGROUND CHECK IS ONLY VALID FOR NINETY (90) DAYS FROM THE DATE OF ISSUE

(DATE)

DEAR VISA OFFICER, SAUDI ARABIA CONSULATE GENREAL,

OUR CHILD, (CHILD'S NAME), WILL BE TRAVELING TO SAUDI ON (DATE OF TRAVEL), ACCOMPANIED BY (NAME OF ACCOMPANYING PARENT), TO MEET AND RESIDE WITH (NAME OF PARENT RESIDING IN SAUDI).

PLEASE ISSUE THE APPROPRIATE RESIDENT VISA TO (NAME OF CHILD).

IF YOU HAVE QUESTIONS, PLEASE FEEL FREE TO CONTACT US AT (ACCOMPANYING PARENT'S PHONE NUMBER).

REGARDS,

(SIGNATURE OF MOTHER)

(MOTHER'S NAME)

(SIGNATURE OF FATHER)

(FATHER'S NAME)

IMPORTANT

PLEASE BE SURE THAT THIS LETTER IS SIGNED BY BOTH PARENTS &

NOTARIZED

ACCORDINGLY!