



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 <input type="checkbox"/> (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 <input type="checkbox"/> (CHECK BOX TO WAIVE SIGNATURE)

CONTACT & COMPANY NAME	
ADDRESS (STREET, CITY, STATE, ZIP)	
PHONE NUMBER	
CELL NUMBER	
EMAIL	

METHOD OF PAYMENT

<input type="checkbox"/> CREDIT CARD	CARD NUMBER	EXP. DATE	CVV CODE
SIGNATURE OF CARD HOLDER		AUTH. AMOUNT \$_____	
<input type="checkbox"/> MONEY ORDER	<input type="checkbox"/> CASHIER'S CHECK	<input type="checkbox"/> COMPANY CHECK	

SPECIAL INSTRUCTIONS: _____



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SAUDI ARABIA BUSINESS VISA NON 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)	<u>\$275.00</u>
CONSULATE & ENJAZ FEES: VARIES BY NATIONALITY	_____
MONEY ORDER:	<u>\$6.00</u>
<input type="checkbox"/> SPECIAL HANDLING FEE: (LESS THAN 7 DAY PROCESS)	_____
OTHER FEES: <u>TEXAS APOSTILLE OF COMPANY LETTER</u>	<u>\$236.00</u>
RETURN SHIPPING FEE:	_____
TOTAL: (NO PERSONAL CHECKS PLEASE)	_____

FEDEX LETTER RETURN SHIPPING FEES (SELECT ONE)	
<input type="checkbox"/> PRIORITY OVERNIGHT	\$65.00
<input type="checkbox"/> 2-DAY	\$57.50
<input type="checkbox"/> 3-DAY	\$47.50
<input type="checkbox"/> SATURDAY	\$95.00
<input type="checkbox"/> 1 ST OVERNIGHT - CALL	
<input type="checkbox"/> LOCAL DELIVERY - CALL	

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 7 DAYS FROM THE DAY THAT WE SUBMIT YOUR APPLICATION (\$100.00 SPECIAL HANDLING).	
THE PROCESSING TIME STARTS AFTER WE HAVE THE COMPANY LETTER APOSTILLED BY THE STATE AND THEN 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: 2-23-2026 (EL)



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SAUDI ARABIA BUSINESS **NON U.S. PASSPORTS ONLY**

PLEASE SUBMIT THE FOLLOWING DOCUMENTS:

- 1.) **SIGNED PASSPORT**
 - VALID FOR A MINIMUM OF 6 MONTHS
 - MUST HAVE TWO SIDE-BY-SIDE BLANK VISA PAGES
- 2.) **ONE (1) PASSPORT-TYPE PHOTOGRAPHS (2x2)**
 - RECENT – TAKEN WITHIN THE LAST **6 MONTHS**
 - WHITE BACKGROUND
 - DARK SHIRT (TO SHOW CONTRAST)
- 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 THE APPLICATION)
- 5.) **PROOF OF U.S. STATUS:** (PLEASE SUBMIT ONE OF THE FOLLOWING)
 - ORIGINAL AND 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/>)
- 6.) **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 (\$10.50 ONLINE ENJAZ APPLICATION FEE WILL APPLY)**
- 7.) **NOTARIZED COMPANY LETTER OF GUARANTEE*** (FROM THE U.S. EMPLOYER) - THE NOTARY STATEMENT HAS TO BE ON THE SAME PAGE AS THE LETTER
- 8.) **COPY OF THE OFFICIAL INVITATION** FROM SAUDI MINISTRY OF FOREIGN AFFAIRS
- 9.) **INSURANCE REQUEST FORM**
- 10.) **CONSULATE FEE:** VARIES PER NATIONALITY (\$80.00 - \$2100)
- 11.) **ENJAZ FEE:** \$10.50

CONTINUED...



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CREW MEMBERS: IF THE APPLICANT IS A PILOT OR A CREW MEMBER ON A PRIVATE AIRCRAFT THE CONSULATE WILL WANT ALSO WANT THE APPLICANT TO SUBMIT A COPY OF THEIR CREW I.D. BADGE AND/OR A COPY OF THEIR PILOT'S/PROFESSIONAL LICENSE.

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.

***SPECIAL PROCESSING NOTES:** 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.

****SPECIAL PROCESSING FEES:**

- ANY APPLICATIONS PROCESSED THROUGH LOS ANGELES, CALIFORNIA WILL BE SUBJECT TO AN ADDITIONAL \$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 PASSPORT SERVICES FEE THAT HAS BEEN COMBLINED WITH OUR \$225.00 VISA PROCESSING FEE WHICH TOTALS \$275.00.

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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:

<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. 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.

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 بعلقة او اعاقه؟

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)



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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 PASSPORT 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,

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 DETAILED AND/OR DO NOT FOLLOW THE ABOVE FORMAT MAY INCUR A DELAY IN PROCESSING AND THE NOTARY STATEMENT HAS TO BE ON THE SAME PAGE AS THE LETTER*****

NOTARY SAMPLE BELOW

State of Texas

County of _____

Sworn to and subscribed before me on the _____ day of _____, (year), by (name of signer).

(Notary Seal)

Notary Public's Signature