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:	
CONTACT & COMPANY NAME	
ADDRESS *(STREET, CITY, STATE, ZIP)*	
PHONE NUMBER	
CELL NUMBER	
EMAIL ADDRESS	
P.O. OR BILLING REF#:	

PLEASE LIST THE EMAIL ADDRESS WHERE THE COMPLETED E-VISA IS TO BE EMAILED, IF DIFFERENT FROM THE ONE LIST ABOVE:	
EMAIL ADDRESS	

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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THAILAND E-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)	$195.00
CONSULATE FEE: **(SEE NEXT PAGE)**	
MONEY ORDER:	$6.00
OTHER FEES: _____	
TOTAL: ***(NO PERSONAL CHECKS PLEASE)***	

THE COMPLETED EVISA WILL BE EMAILED BACK TO THE REQUESTER UNLESS ALTERNATE EMAIL IS PROVIDED ON WORK ORDER REQUEST FORM. PLEASE BE SURE THE CORRECT EMAIL(S) ARE LISTED TO ENSURE NO DELAYS IN THE RETURN OF THE COMPLETED EVISA.

REGULAR PROCESS TIME: 4 TO 6 WEEKS

COMMENTS: _____

REVISED: 4-5-2024(EL)

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THAILAND EVISA

A VISA IS NOT REQUIRED FOR U.S. CITIZENS TRAVELING TO THAILAND AS A TOURIST STAYING LESS THAN (30) THIRTY DAYS. IF APPLYING FOR A BUSINESS OR EMPLOYMENT EVISA, PLEASE SUBMIT THE FOLLOWING:

1.) **CLEAR COPY OF YOUR SIGNED US PASSPORT:**
- SIX MONTHS REMAINING VALIDITY
- PASSPORT PAGES THAT CONTAIN TRAVEL STAMPS (FOR THE PAST 12 MONTHS)

2.) **ONE COLOR PASSPORT-SIZE PHOTOGRAPHS (2X2) IN A JPEG FORMAT:**
- WHITE BACKGROUND
- FULL FACE VIEW (GLASSES AND HATS ARE NOT PERMITTED)

3.) **ONE COMPLETED APPLICATION:**
- SIGNATURE MUST MATCH PASSPORT SIGNATURE
- COPY OF STATE ISSUED ID THAT MATCHES ADDRESS ON APPLICATION

4.) **COMPANY LETTER OF GUARANTEE:** *(BUSINESS EVISA ONLY)* A BUSINESS LETTER FROM THE U.S. COMPANY, PRINTED ON THE COMPANY LETTERHEAD STATIONERY, ADDRESSED TO "THE EMBASSY OF THAILAND, VISA SECTION", AND SIGNED BY A SENIOR MANAGER (*AN EQUIVALENT TO VICE-PRESIDENT OR ABOVE*). BUSINESS LETTER MUST ADHERE TO THE FORMAT PROVIDED IN THE EXAMPLE LETTER ON PAGE BELOW. PLEASE BE SURE THAT THE FOLLOWING ITEMS ARE INCLUDED IN THE LETTER (*NEED COPY OF STATE ISSUED ID OF THE PERSON WHO SIGNED THIS LETTER*):

- ❖ APPLICANT'S POSITION
- ❖ LENGTH OF EMPLOYMENT
- ❖ SALARY
- ❖ PURPOSE OF VISIT
- ❖ LENGTH OF STAY IN THAILAND

CONTINUED..

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5.) INVITATION LETTER: *(BUSINESS EVISA ONLY)* A BUSINESS INVITATION LETTER FROM THE SPONSORING COMPANY IN THAILAND. THE LETTER SHOULD BE PRINTED ON COMPANY LETTERHEAD STATIONERY, ADDRESSED TO "THE EMBASSY OF THAILAND, VISA SECTION", AND SIGNED BY A SENIOR MANAGER (*AN EQUIVALENT TO VICE-PRESIDENT OR ABOVE)*. THE BUSINESS LETTER MUST ADHERE TO THE FOLLOWING GUIDELINES (*MUST BE ACCOMPANIED BY THE BUSINESS LICENSE WITH COMPANY STAMP AND SIGNATURE AND COPY OF THE ID OF THE PERSON WHO SIGNED THIS LETTER*):

- BRIEFLY INTRODUCE THE APPLICANT – SPECIFY EMPLOYMENT STATUS/POSITION HELD IN THE COMPANY
- STATE THE NATURE OF THE BUSINESS TO BE CONDUCTED (*I.E. BUSINESS MEETINGS, CONTRACT NEGOTIATIONS, ETC*.) AND THE NAMES AND ADDRESS OF COMPANY TO BE VISITED IN THAILAND.
- SPECIFY THE TYPE AND DESIRED VALIDITY OF THE VISA (I.E. A ONE YEAR MULTIPLE ENTRY BUSINESS VISA). FOR MULTIPLE ENTRY REQUESTS, SPECIFY DATES OF AT LEAST TWO UPCOMING VISITS.

CONTINUED..

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6.) **APPROVAL FROM THE MINISTRY OF LABOR**: *(EMPLOYMENT EVISA ONLY)* TO OBTAIN THIS LETTER, THE COMPANY IN THAILAND IS REQUIRED TO SUBMIT FORM WP3 AT THE OFFICE OF FOREIGN WORKERS ADMINISTRATION, DEPARTMENT OF EMPLOYMENT, MINISTRY OF LABOR (*TELEPHONE NUMBER IS 02-245-2745*), OR AT THE PROVINCIAL EMPLOYMENT OFFICE IN HIS OR HER RESPECTIVE PROVINCE. MORE INFORMATION IS ALSO AVAILABLE AT THE DEPARTMENT OF EMPLOYMENT OR www.doe.go.th/workpermit/index.html

- **A.)** EMPLOYMENT CONTRACT INDICATING RATIONALE FOR EMPLOYING THE APPLICANT AS WELL AS HIS/HER SALARY, POSITION AND QUALIFICATIONS. (DOCUMENT MUST BE SIGNED BY AUTHORIZED MANAGING DIRECTOR AND AFFIXED THE SEAL OF THE COMPANY).
- **B.)** COPY OF WORK PERMIT ISSUED BY THE MINISTRY OF LABOUR. (ONLY IN CASE THE APPLICANT HAS PREVIOUSLY WORKED IN THE KINGDOM).
- **C.)** COPY OF EDUCATIONAL RECORDS OF THE APPLICANT AND LETTERS OF RECOMMENDATION FROM THE PRIOR EMPLOYERS, INDENTIFYING JOB DESCRIPTION AND LENGTH OF SERVICE TIME.
- **D.)** PLEASE NOTE THAT COPY OF CORPORATE DOCUMENTS MAY BE REQUESTED AS DEEMED APPROPRIATED; NAMELY 1) LIST OF SHAREHOLDERS 2)BUSINESS REGISTRATION AND BUSINESS LICENSE 3) COMPANY PROFILE 4) DETAILS OF BUSINESS OPERATION 5) LIST OF FOREIGN WORKERS STATING NAMES, NATIONALITIES AND POSITIONS 6) MAP INDICATION THE LOCATION OF THE COMPANY 7) BALANCE SHEET, STATEMENT OF INCOME TAX AND BUSINESS TAX (PORNGORDOR 50 AND PORNGORDOR 30) OF THE LATEST YEAR 8) ALIEN INCOME TAX RETURN (PORNGORDOR 91) AND 9) VALUE-ADED TAX REGISTRSATION (PORNGORDOR 20).

7.) **CONFIRMED ROUND TRIP ITINERARY**

8.) **ANNUAL INCOME: $_____**

9.) **MARITAL STATUS: SINGLE, MARRIED, OR DIVORCED (CIRCLE ONE)**

10.) **SIGNED AND DATED DECLARATION FORM:** (SEE BELOW)

11.) **INTERNATIONAL HEALTH CERTIFICATE:** (SEE BELOW)

12.) **COPY OF THE LAST 3 MONTHS OF BANK STATEMENTS SHOWING ENDING BALANCES OF AT LEAST $4000.00 (EVERY MONTH AND THE APPLICANT'S NAME MJST BE LISTED ON IT)** – NO SCREEN SHOTS

13.) **COPY OF ALL VISA/ENTRY/EXIT STAMPS IN THE PASSPORT FOR THE PAST YEAR**

14.) **COPY OF DRIVERS LICENSE**

CONTINUED..

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15.) **PICTURE OF THE APPLICANT HOLDING THE PASSPORT PHOTO AND HOLDING THE PASSPORT OPEN WITH THE INFORMATION PAGE SHOWING.**

16.) **MEDICAL INSURANCE:** PROVING COVERAGE OF $100,000.00 USD OF MEDICAL INCLUDING MEDICAL COSTS IN THE EVENT THE APPLICANT CONTRACTS COVID19 OR THE INSURANCE CARD (CARD DOES NOT ALWAYS WORK).

17.)**CONSULATE FEE**:

NUMBER OF ENTRIES	LENGTH OF VALIDITY	CONSULATE FEE
SINGLE	UP TO 3 MONTHS	TBD
MULTIPLE	UP TO 6 MONTHS	TBD

****SPECIAL NOTE:**

Certain type of visa (i.e. O-A, O-X, STV) required applicant to submit Foreign Insurance Certificate with three signatures from the Insurance Company.

- *Foreign Insurance Certificate as stipulated by the Office of Insurance Commission and Health Insurance of Thailand, which must be completed, signed and stamped by the insurance company. The form can be downloaded here: Foreign Insurance Certificate Form*

A list of Thai insurance companies participating in the scheme can be found here: http://longstay.tgia.org

Home - Health Insurance for Long Stay Visa in Thailand (tgia.org)

VALIDITY: SINGLE ENTRY IS VALID FOR THREE MONTHS. MULTIPLE ENTRY VISA COULD BE VARIED FROM THREE MONTHS TO ONE YEAR. PERIOD OF STAY – THE HOLDERS OF THIS TYPE OF VISA ARE INITIALLY GRANTED A PERIOD OF STAY IN THE KINGDOM NOT EXCEEDING 90 DAYS UNLESS OTHERWISE INSTRUCTED BY THE OFFICE IMMIGRATION BUREAU.

REVISED: 11-16-2026 (EL)

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THAILAND

HEALTH REQUIREMENTS: NO INOCULATIONS OR VACCINATIONS ARE REQUIRED UNLESS THE APPLICANT HAS BEEN TO THE INFECTED AREAS LISTED BELOW.

AS OF FEBRUARY 1991, THAILAND HAS REQUIRED A YELLOW FEVER CERTIFICATE FROM TRAVELERS WHO HAVE VISITED THE FOLLOWING COUNTRIES WITHIN THE PAST 10 YEARS:

COUNTRIES INFECTED WITH YELLOW FEVER				
ANGOLA	BENIN	BOLIVIA	BRAZIL	BURKINA FASO
BURUNDI	CAMEROON	CENT. AFRICA REP.	CHAD	COLOMBIA
CONGO	CONGO RPBL.	COTE D'IVOIRE	ECUADOR	EQUATORIAL GUINEA
ETHIOPIA	FRENCH GUINEA	GABON	GAMBIA	GHANA
GUINEA	GUYANA	KENYA	LIBERIA	MALI
MAURITANIA	NIGER	NIGERIA	PANAMA	PERU
RWANDA	SAO TOME & PRINCIPE	SENEGAL	SIERRA LEONE	SOMALIA
SIERRA LEONE	SOMALIA	SUDAN	SURINAME	TANZANIA
TOGO	TRINIDAD & TOBAGO	UGANDA	VENEZUELA	ARGENTINA
PARAGUAY	GUINEA BISSAU			

REVISED: 4-5-2024 (EL)

Two Passport-size Photographs

Photographs must have a light color background with a full- face view of the person without wearing a hat or dark glasses. Photos must be taken within 6 months.



Visa Section
Royal Thai Embassy
1024 Wisconsin Avenue, N.W., Suite 101
Washington, D.C. 20007
http://www.thaiembdc.org
Email : visa@thaiembdc.org
Tel (202) 298-4817 Fax (202) 944-3641

VISA APPLICATION

NOTE : To process your application, this application form must be fully completed and accompanied by all the required documents.

1

Please check appropriate box for visa type requested.

☐ Non-Immigrant Visa
☐ Tourist Visa*
☐ Transit Visa*

Number of entries requested ..... entry (ies)

☐ Diplomatic Visa
☐ Official Visa
☐ Courtesy Visa

Non-immigrant visa applicant must submit an invitation letter/proofs from persons/institutions concerned stating the purpose of visit and the length of stay.

2

☐ Mr.
☐ Mrs.
☐ Miss

Last Name *First Name* *Middle Name*

Date of Birth ..... Nationality ..... Nationality at Birth .....
Place of Birth ..... Occupation .....
Present Address ..... City .....
State ..... Zip code..... Home phone (.....) ..... Office phone (.....) ..... Cell phone (.....) .....
E-mail.....
Permanent address *(if different from above)* .....

3

Current Passport No. ..... Issued at .....
Date of Issue ..... Date of Expiry .....
Permanent Resident Card (Green card) No. ..... Date of Expiry .....

4

Purpose of visit ..... Date of arrival in Thailand ..... Length of stay .....
Traveling by ..... Date of previous visits to Thailand .....
(Air, Train, or Ship)
Place to stay in Thailand .....
Tel :.....

5

Reference person and address in U.S.A. .....
.....
Tel :..... .....Email .....
Reference person and address in Thailand .....
.....
Tel :..... .....Email .....

6

_____ _____
Signature of Applicant Date

* ATTENTION FOR TOURISTS AND TRANSIT VISA APPLICANTS ONLY : *You declare that the purpose of your visit to Thailand is for pleasure only and that in no case shall you engage yourself in any profession or occupation while in the country.*

FOR OFFICIAL USE

Type of visa and No. ..... Classification .....
Date of Issue ..... Fees .....
Expiry Date .....

Signature .....
Secretary of the Embassy

Declaration

I have read and understood the question in this application and ensure that my answers and all supporting documents are true and correct. Any false or misleading information maybe result in the permanent visa refusal or the denial of entry into the Kingdom of Thailand. In addition, I consent that all applications are subjected to approval and the Embassy/Consulate may request for additional interview or document (s) deem necessary. Submission of a visa application does not necessarily mean that a visa will be granted and the visa processing fee cannot be refunded in any circumstance.

I consent to the collection, use, and disclosure of my personal information including but not limited to race, political activities, criminal record, and health record compiled by the E-VISA system and any law enforcement agency for the purposes of immigration. I agree to waive any right of action against any person or organization providing information or opinions in compliance with this authorization. I hereby acknowledge and declare the terms of this authorization for release of information are fully understood by me.

I hereby confirm that I have recognized responsibility for environmental matters and local culture when travelling in the Kingdom of Thailand, and that I shall be carried out with due regard to all appropriate and relevant legislation and regulatory considerations and associated compliance obligations regarding environment and the local culture.

Name:_____

Applicant's Signature:_____

Date:_____

Kasikorn Bank is the merchant entity entrusted with the responsibility by MFA to provide the applicant with e-visa processing by the MFA.

Department of Health Service Support, Ministry of Public Health of Thailand

Tel +6621937000 Ext. 18404, 18421 (Office Hours)

E-mail: medicalhub.hss64@gmail.com website: www.hss.moph.go.th

Insurance Policy No.	**Period of Insurance** **...../...../..... to ...../...../..... Time.....**

Foreign Insurance Certificate

for Alien to apply for Non-Immigrant Visa Type O-A (Period 1 Year)

Insurance Policy Title…….

This insurance certificate is issued to certify that Name……...……Surname…… Nationality……..Gender……..Age……Years Passport No. …….. ; the insured person is insured by health insurance in accordance with the law and regulations for foreigners who apply for the Non-Immigrant Visa Type O-A (period 1 year). The coverage territory of this health insurance includes Thailand. This health insurance also covers Covid-19 disease with the total sum insured of THB…….per policy year. (Subject to the benefits detailed in the schedule of the insurance policy)

The period of insurance begins from D/M/Y…… at ……hours until D/M/Y…….at……hours as stipulated on the Insurance Policy No…….…….. of the Company…….

……	……	……
( )	( )	( )
Director	Director	Authorized Signature

Insurance Company Address …….

……

……

Telephone Number ……..

Contact Person…….

E-mail……

Website of the Insurance Company ……..……....

……

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EXAMPLE OF A COMPANY LETTER OF GUARANTEE

DO NOT ATTENTION THIS LETTER TO VIP PASSPORT SERVICES, INC!

DATE: _____

EMBASSY/CONSULATE OF: _____

GENTLEMEN:

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

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 BUSINESS VISA AT YOUR EARLIEST CONVENIENCE.

THANK YOU,

(SUPERVISORS SIGNATURE)

PLEASE BE SURE THAT THE PERSON WHO AUTHORIZED YOUR TRIP SIGNS THIS LETTER. THE TRAVELER SHOULD NOT SIGN THIS LETTER.