

AMERICAN VISA OF DC
1801 Columbia Rd., NW #200, Washington, DC 20009
Tel: 202-462-5908 Fax: 202-387-5430

Email: info@americanvisadc.com or avodc@aol.com www.americanvisadc.com

THIS IS NOT AN APPLICATION; IT IS ONLY A COVERING LETTER FOR AMERICAN VISA OF DC
BELARUS

Visa Requirements:

- Original signed passport valid for 90 days after requested visa expiration date with at least two blank visa pages.
- One visa application form completed in BLOCK letters, signed and dated.
- One color passport sized photo 2" X 2" ONLY on white or very light background.
- Letter from applicant's insurance company (original or copy) is required. This letter should contain the following information: name, address and phone number of the insurance company, full name of the policy holder, policy number, insurance territorial coverage (should state that it is valid in Belarus or worldwide), term of validity (must be valid the term of visa) and amount of emergency coverage (\$12,000 min. \$0 Deductible)
- Copy of Letter of invitation (original is needed for 1 year visa) from the company in Belarus printed on the official letterhead with a registration number, date of issue, and should bear the signature of an official and a corporate seal, including the duration of stay and this statement: "While in Belarus, we guarantee that (name of traveler) will abide by the rules and regulations applied to foreign citizens in the Republic of Belarus." (For business visa)
- Letter of financial responsibility from the company in the USA (For business visa).
- Letter of invitation from a registered Belarusian travel agency or company (For tourist visa).
- Copy of the Green Card (For Non-U.S. Citizens).

Validity of Visas: Tourist and business visas' validity is determined by the supporting documents from Belarus.

Jurisdiction: Residents of all states can be processed in Washington DC.

Contact Person's Name: _____ Phone and email: _____

SHIPPING INSTRUCTIONS: Return completed process to:

Company Name (If applicable): _____ Contact Name _____
 Address _____ Apt#/Mail Code _____
 City _____ State _____ Zip Code _____
 Phone # _____ Email Address _____

TRAVELER(S) INFORMATION:

Departure Date from U.S.A.: _____ **Need by this date:** _____ *Rush fees will be applied to meet this date if necessary

- 1) Last Name: _____ First Name _____
 Passport #: _____ Passport Expires: _____ Date of Birth ____ / ____ / ____
- 2) Last Name: _____ First Name _____
 Passport #: _____ Passport Expires: _____ Date of Birth ____ / ____ / ____

Processing Fees: (check one):

Processing Time:	American Visa of DC Fee:	Embassy of Belarus Fee:	Money Order Fee:	Fed Ex Shipping Fee:	TOTAL:
8 - 14 Days Single Entry 3 Months:	\$65	\$70	\$25	\$30	\$190
3 - 7 Days Single Entry 3 Months:	\$95	\$140	\$25	\$30	\$290
1 - 2 Days Single Entry 3 Months:	\$125	\$140	\$25	\$30	\$320
8 - 14 Days Multiple Entry 3 Months:	\$65	\$140	\$25	\$30	\$260
3 - 7 Days Multiple Entry 3 Months:	\$95	\$275	\$25	\$30	\$425
1 - 2 Days Multiple Entry 3 Months:	\$125	\$275	\$25	\$30	\$455
8 - 14 Days Multiple Entry 1 year:	\$65	\$175	\$25	\$30	\$295
3 - 7 Days Multiple Entry 1 year:	\$95	\$345	\$25	\$30	\$495
1 - 2 Days Multiple Entry 1 year:	\$125	\$345	\$25	\$30	\$525

PAYMENT: (check one)

I authorize American Visa of DC to charge my credit card for payment of passport/visa services.

Card holders' name _____ Number _____ Exp. Date: _____

Signature _____ Today's Date: _____

Check or Money Order made out to "American Visa of DC" for \$ _____ enclosed.

My company has a prearranged billing agreement.

American Visa of DC Inc. assumes no responsibility for the loss, damage or delay of passports or visas caused by an Embassy, Consulate, government office, postal or courier service, delivery service or travel agency. Requirements and fees relating to this request are subject to change without notice.