

**AMERICAN VISA OF DC**

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

**ETHIOPIA**

**Visa Requirements:**

- Original signed passport valid for six months with at least one blank visa page.
- One visa application form completed and signed.
- One color passport sized photos 2" X 2" ONLY on white background.
- Copy of flight itinerary or a copy of tickets.
- Copy of bank statement or invoice receipt from the touring company (Non-USA).
- A letter of financial responsibility from the company in the USA (business visa).
- Invitation from sponsor in Ethiopia (Non-USA).
- Copy of the Green Card (For Non-U.S. Citizens).

**Validity of Visas:** Visa validity is determined by the consular officer. In general a six months visa is issued for stays up to 30 days.

**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 Per Person: (please check one)**

Processing Time:	American Visa of DC Fee:	Ethiopian Embassy Fee	Money Order Fee	Fed Ex Shipping Fee	TOTAL
8 - 14 Business Days:	\$65	\$105	\$25	\$30	\$225
3 - 7 Business Days:	\$125	\$120	\$25	\$30	\$300
1 - 2 Business Days:	\$150	\$120	\$25	\$30	\$325
SAME DAY:	\$200	\$145	\$25	\$30	\$400

- Please add \$15 service fee for all Non-U.S. citizens, and the Embassy Fee may vary.

**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. All service fees and Embassy Fees are NON-REFUNDABLE and not dependant on the visa being issued or declined. Requirements and fees relating to this request are subject to change without notice.



PLEASE TYPE OR PRINT YOUR ANSWER IN THE SPACE PROVIDED BELOW EACH ITEM. REQUEST NO.

FIRST NAME ..... MIDDLE NAME ..... LAST NAME .....

SEX  MALE  FEMALE DATE OF BIRTH *D*...../*M*...../*YY*..... COUNTRY OF BIRTH .....

CURRENT NATIONALITY ..... ORIGINAL NATIONALITY (NATIONALITY AT BIRTH) .....

PASSPORT TYPE  ORDINARY  SERVICE  DIPLOMATIC  TRAVEL DOCUMENT  OTHER .....

PASSPORT NUMBER ..... ISSUE DATE *D*...../*M*...../*YY*..... EXPIRATION DATE *D*...../*M*...../*YY*.....

HOME/MAILING ADDRESS .....

CITY/TOWN ..... STATE/REGION ..... ZIP/POSTAL CODE ..... COUNTRY .....

DAY TEL. .... EVENING TEL. .... FAX ..... E-MAIL .....

CURRENT OCCUPATION .....

PURPOSE OF TRAVEL  TOURISM/FAMILY VISIT  BUSINESS  OFFICIAL  TRANSIT  OTHER .....

DATE OF DEPARTURE FROM USA ..... DATE OF ARRIVAL IN ETHIOPIA ..... BORDER OF FIRST ENTRY .....

DURATION OF STAY IN ETHIOPIA ..... ENTRIES:  SINGLE  DOUBLE  MULTIPLE

ADDRESS IN ETHIOPIA HOTEL: HOTEL NAME ..... HOTEL TELEPHONE NUMBER .....

CONTACT PERSON IN ETHIOPIA ..... TELEPHONE NUMBER .....

FAMILY ACCOMMODATION: CITY ..... REGION .....

ZONE ..... K. KETEMA (WOREDA) .....

KEBELE ..... HOUSE NO. ....

TELEPHONE .....

**PHOTO**

ATTACH ONE  
PASSPORT SIZE  
PHOTOGRAPH.

*WRITE YOUR NAME ON  
THE BACK OF THE  
PHOTOGRAPH.*

**CHILDREN/DEPENDENTS ON THE SAME PASSPORT**

	FIRST NAME	MIDDLE NAME	LAST NAME	SEX	BIRTH DATE (D/M/YY)	BIRTH PLACE
1						
2						
3						
4						
5						

I, THE UNDERSIGNED, DECLARE THAT ALL THE ABOVE-MENTIONED STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S NAME ..... APPLICANT'S SIGNATURE ..... DATE .....

DO NOT WRITE IN THIS SPACE  
FOR OFFICIAL USE ONLY/ TO BE FILLED IN AT HEAD OFFICE

VISA NUMBER ..... VISA TYPE ..... DATE OF ISSUE ..... EXPIRATION DATE .....

PROCESSED BY NAME ..... SIGNATURE ..... DATE .....

APPROVED BY NAME ..... SIGNATURE ..... DATE .....