

# AMERICAN VISA OF DC

1801 Columbia Rd., NW #200, Washington, DC 20009

Tel: 202-462-5908 Fax: 202-387-5430

Email: [info@americanvisadc.com](mailto:info@americanvisadc.com) or [avodc@aol.com](mailto:avodc@aol.com) [www.americanvisadc.com](http://www.americanvisadc.com)

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

## IRAQ

### Visa Requirements:

- Original signed passport valid for six months with at least one blank visa page.
- One visa application form completed and signed.
- Two color passport sized photos 2" X 2" ONLY on white background.
- Letter of financial responsibility from the company in the USA (business visa).
- Approval from Iraqi Ministry of Foreign Affairs in Baghdad. (business & tourist visa).
- Copy of flight schedule/itinerary (business & tourist visa).
- Copy of the Green Card (For Non-U.S. Citizens).

**Validity of Visas:** Tourist and business visas' validity is as indicated below, and for stays of up to 30 days only.

**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: (please check one)**

Processing Time:	American Visa of DC Fee:	Iraqi Embassy Fee	Money Order Fee	Fed Ex Shipping Fee	TOTAL
8 - 14 Bus. days single entry:	\$95	\$40	\$25	\$30	\$190
8 - 14 Bus. days 6/12 mo. multiple:	\$95	\$100	\$25	\$30	\$250
3 - 7 Bus. days 6/12 mo. multiple:	\$125	\$100	\$25	\$30	\$280

- Please add \$15 service fee for all Non-U.S. citizens.

### **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.