

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

SIERRA LEONE

Visa Requirements:

- Signed Passport valid for six months with at least one blank visa page.
- One visa application form completed and signed.
- One color passport sized photo 2" x 2" ONLY, on white background.
- Copy of flight itinerary from the travel agent or a copy of tickets (tourist visa).
- Copy of a recent bank statement (business visa).
- Copy of the Green Card (For Non-U.S. Citizens). (all visas).
- Yellow Vaccination book for proof of Yellow Fever (all visas).
- A letter of financial responsibility from the company in the U.S.A. (business visa).
- Notarized authorization, birth certificate copy, copy of parents passport/visa (minors).

Validity of Visas: USA citizens will receive a 3 year multiple entry visa. Other nationalities, up to one year.

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:	Sierra Leone Embassy Fee:	Money Order Fee:	Fed Ex Shipping Fee:	TOTAL
8 - 14 Bus. days 3 Year multi entry:	\$75	\$160	\$25	\$35	\$295
3 - 7 Bus. days 3 Year multi entry::	\$125	\$160	\$25	\$35	\$345
1 - 2 Bus. days 3 Year multi entry::	\$150	\$210	\$25	\$35	\$420
8 - 14 Bus. days 1 Year multi entry:	\$75	\$80	\$25	\$35	\$215
3 - 5 Bus. days 1 Year multi entry:	\$125	\$80	\$25	\$35	\$265
1 - 2 Bus. days 1 Year multi entry:	\$150	\$130	\$25	\$35	\$340

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: _____

CVV: _____ 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 dependent on the visa being issued or declined. Requirements and fees relating to this request are subject to change without notice.



VISA APPLICATION FORM

VISA APPLICATION FOR OTHER NATIONALS (SIX MONTHS ☐ ONE YEAR ☐)

THREE YEARS VISA FOR AMERICAN PASSPORTS ONLY ☐

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

SEX: _____ MARITAL STATUS: _____ PHONE #: _____

HOME ADDRESS:

STREET: _____

CITY: _____ STATE: _____ ZIP _____

EMAIL ADDRESS (Required) _____

Date of Birth: ____/____/____ OCCUPATION: _____

(Date)

(Month in Words)

(Year)

(Required)

Place of Birth: TOWN _____ COUNTRY _____

PARTICULARS OF PASSPORT:

Passport Number: _____ Date of Issue: ____/____/____ Date of Expiry: ____/____/____

Country of Issue: _____ Passport Type: _____

Nationality: _____

PURPOSE OF VISIT: _____

PROPOSED DATE OF ARRIVAL: ____/____/____ DURATION OF STAY: _____

NAME OF REFERREE IN SIERRA LEONE: _____ AND PHONE No. _____

PROPOSED ADDRESS: _____

Applicant Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Approving Officer: _____ Signature: _____ Date: ____/____/____

Fee: _____ VISA No. _____ General Receipt No. _____

CONSENT LETTER/S

Declaration of Children Traveling Abroad with or Without Parents/Legal Guardian/s

- Please complete and notarize if traveling with a child or children under eighteen (18) years:
- Declaration is to be completed by both parents.
- **Single parents must attach legal proof/documentation, especially if the father's name is on the birth certificate/s as proof that** you have sole custody of the child/children and do not require the consent of the other parent (spouse) to travel with the child/children”.



I/we, _____ of
(City and State) _____, _____, declare that (I am)/
(we are) the lawful parent/s/guardian of: _____, born on (DOB)
_____ at _____ (place of birth).

My /Our child/children, _____, has/have (our/my) consent to
travel with (me/us) to _____ Ghana (please state where
you will be residing/staying in Ghana).

Father's signature and date: -----

Mother's signature and date: -----

Guardian's signature and date:

-  If child/children's name does not match parent's name especially on the birth certificate, please attach proof of name change or a notarized explanation.
-  If you have more than one (1) child, please attach a list of all the children, their names and copies of birth certificates.

Thank you.