

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

BRAZIL - USA Citizens

Visa Requirements Checklist:

Original signed Passport valid for six months with at least two blank visa pages, side by side.

One [online visa application](#) form completed, and printed and signed after documents are uploaded to the Brazilian site.

One copy of round trip itinerary or tickets and proof of accommodation(hotel) or invite from host.

One copy of driver's license or utility bill as proof of residence.

One color passport sized photo 2" x 2" ONLY on white or very light background. No glasses or head wear.

Proof of finances. Current bank statement, credit card statement or paychecks/paystubs.

Letter of intent - from applicant, reason for travelling to Brazil and "affidavit for visa request "(attached).

Business: A letter from the company in the USA or Brazil that includes nature of Company's activities in Brazil, applicant's title/job description, nature of business being conducted by applicant, name and address of Brazilian companies being met, Brazilian contact name, address, phone numbers and postions, financial responsibility, and this statement: "While in Brazil, (name of travel), will not provide any technical assistance or perform any salaried work while in Brazil.

Validity of Visas: Tourist and business visas are valid for stays of 90 days with a validity of 10 years (issued at the discretion of the visa officer) Entry within 90 days is no longer required..

Jurisdiction: Washington DC: DC, NC, DE, KY, OH, MD, VA and WV and all military bases except Guam. All applications can be sent to DC but, when jurisdiction is elsewhere, will be routed to our appropriate affiliate.

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: _____ 9 _____ First Name _____

Passport #: _____ Passport Expires: _____ Date of Birth ____ / ____ / ____

2) Last Name: _____ 9 _____ First Name _____

Passport #: _____ Passport Expires: _____ Date of Birth ____ / ____ / ____

Processing Fees: (please check one)

Processing Time:	American Visa of DC Fee:	Brazilian Embassy Fee	Postal Money Order Fee	Fed Ex Shipping Fee	TOTAL
910 - 14 Business Days USA Tourist, Business:	\$200	\$185	\$25	\$45	\$455
5 - 9 Business Days USA Tourist, Business:	\$350	\$185	\$25	\$45	\$605

• Applications processed outside of the DC jurisdiction often take longer and can have additional requirements.

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: _____

CVC _____ 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.



AFFIDAVIT OF PERSONAL DECISION FOR VISA REQUEST

CONSULATE-GENERAL OF BRAZIL IN WASHINGTON D.C

I, _____, _____
(full name) (nationality)

born on ____/____/____, in _____,
(day/month/year) (city, state, country)

holder of passport nº _____, issued on ____/____/____ by _____
(day/month/year) (country)

Do hereby affirm that I reside at _____
(complete address)

and am aware that the new visiting visa requirement is still not in force. Also understand that the Brazilian Government is not responsible for my personal decision to apply for the visiting visa during the term of the exemption, and reserves its right to change the date of entry into force of the aforementioned requirement.

Furthermore I swear and affirm under penalty of perjury that the facts set forth in this statement are true and accurate.

(Applicant signature)

____/____/____
(day) (month) (year)