

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

GAMBIA

Visa Requirements:

- Original signed passport valid for six months with at least one blank visa page.
- One visa application forms completed and signed.
- One color passport sized photos 2" X 2" ONLY on white background.
- Letter of financial responsibility from the company in the USA (business visa).
- Invitation letter from organization in Gambia (For volunteer/mission visa).
- Copy of flight itinerary and hotel confirmation (For tourist visa).
- An international certificate of vaccination against Yellow Fever.
- Copy of the Green Card (For Non-U.S. Citizens).

Validity of Visas: Tourist and business visas' validity is stays up to 90 days, multiple entry and 5 year validity.

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:	Gambia Embassy Fee	Money Order Fee	Fed Ex Shipping Fee	TOTAL
5 - 10 Business Days:	\$150	\$200	\$25	\$45	\$420
2 - 4 Business Days:	\$250	\$250	\$25	\$45	\$570
1 Business Days :	\$350	\$275	\$25	\$45	\$695

- Please add \$15 service fee for all Non-U.S. citizens, and the Embassy Fee will 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 dependent on the visa being issued or declined. Requirements and fees relating to this request are subject to change without notice.



Embassy of the Republic of The Gambia

5630 16th Street, NW
Washington, DC 20011

Tel. (202) 785 1399

E-mail info@gambiaembassydc.org

gambiaembassydc@gmail.com

Website: <http://gambiaembassydc.org>

APPLICATION FORM FOR VISA FOR AMERICAN PASSPORT HOLDERS

1.	First Name	Middle Name	Last Name
2.	Date of Birth Month	Day	Year
3.	Place of Birth		
4.	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced		
5.	Purpose of Visit <input type="checkbox"/> Official <input type="checkbox"/> Business <input type="checkbox"/> Tourism <input type="checkbox"/> Education		
6.	Occupation/Profession		
7.	Passport No	Issue Date	Expiration Date
8.	Present Address (in U.S. or country of residence)		
9.	Phone/Cell Number	E-Mail Address	
10.	Father's Name		
11.	Mother's Name		
12.	Address in The Gambia		
13.	Length of Stay in The Gambia		
14.	Emergency contact in the USA (Name & Tel No.)		
15.	Applicant's Signature	Date	