#### AMERICAN VISA OF DC

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

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

Email: info@americanvisadc.com www.americanvisadc.com

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

## **LEBANON**

#### 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 or very light background.
- Copy of flight itinerary from the travel agent or a copy of tickets (For tourist visa).
- A letter of financial responsibility from the company in the U.S.A. (For business visa)
- Copy of hotel confirmation (For Non-USA Citizens).
- Copy of the Green Card (For Non-USA Citizens).

Validity of Visas: Single & Double entry visas Jurisdiction: DC: MD, VA, NC, SC, GA,	TN, FL, LA, MS, AR, O	K, TX, AL, DC, J	amaica, Amer. Sam	oa, Guam, Midway Is	lands, PR, US
Contact Person's Name:	Pho	one and email: _			
SHIPPING INSTRUCTIONS: Return co	ompleted process to:				
Company Name (If applicable):					
Address	Ctoto	Apt#/Mail Code			
City Phone #					
FRAVELER(S) INFORMATION: Departure Date from U.S.A.:	Need by this date:	*R	ush fees <b>will be</b>	applied to meet th	nis date <b>if ne</b>
1) Last Name:	•			-FF	
Passport #:	_ Passport Expires: _		Date	: OI <b>D</b> II'III /_	/
2) Last Name:		First Name			
Passport #:	Passport Expires:		Da	te of Birth /	/
Processing Fees: (please check one)				· · · · · · · · · · · · · · · · · · ·	
Processing Time:	American Visa of DC Fee:	Embassy Fee	Bank Transfer Fee	Fed Ex Shipping Fee	TOTAL
6 - 8 Business Days Single Entry:	\$95	\$88	\$25	\$45	\$253
3 - 5 Business Days Single Entry:	\$150	\$88	\$25	\$45	\$308
6 - 8 Business Days Double Entry:	\$95	\$125	\$25	\$45	\$290
3 - 5 Business Days Double Entry:	\$150	\$125	\$25	\$45	\$345
6 - 8 Business Days Multiple Entry:	\$95	\$175	\$25	\$45	\$340
3 - 5 Business Days Multiple Entry:	\$150	\$175	\$25	\$45	\$395
PAYMENT: (check one)		ormant of mason	ort/visa services		
I authorize American Visa of DC to charg	e my credit card for pa	ayment of passpo	ord visa services		
	•				

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.

## **EMBASSY OF LEBANON**

2560 28th Street, NW Washington, DC 20008 Tel: (202)939-6300 Fax: (202)939-6324

www.lebanonembassyus.org



# Attach Applicant's Photo Here

- white background

- front view, full face must be recent picture

## VISA APPLICATION FORM

1-Full Name (as per passport)	Official Use Only						
First	Middle	Last					
a pi	0.00						
2 - Place of Birth	3 - Date of Birth	4 - Sex	Decision:				
(city/state/country)	Day Month Year	o Male o Female					
		O Pennare					
5 - Present Nationality	6 -Nationality of Origin	7 – Date of issue	Type of Visa:				
	o remonancy or origin	Day Month Year	1,40 01 . 10				
8 – Passport Number:	9 – Issuing Country:	10 – Date of expiration					
		Day Month Year					
11 - Address in the U.S.A.		12 - Home Phone or Cell	Remarks:				
Street Address:							
City: State:	Zip Code:						
13 - Purpose of Trip (please check corre	ect item):	14 - Employer (for students, name school	14 - Employer (for students, name school/university)				
o Business							
o Education		15 11 D :::					
O Tourism		15 - Job Position or Title (for students, name major)					
<ul><li>Family</li><li>Visit</li></ul>							
o Official		16 - Business Address					
Other (please specify)		To Business riddress					
u 1 337							
		17 - Business Phone Number					
10. 14. 1.10.		10.70					
18 - Marital Status		19 - If married, Provide Spouse Name					
Single Married Divorced Separated							
20 - Have you ever been to Lebanon?		21 - If yes, provide the year of your most recent trip to Lebanon:					
• YES		21 - 11 yes, provide the year of your most recent trip to begandin.					
o NO							
22- Name and Address of Contact Person, Institution or Company in Lebanon:							
23 - Address in Lebanon where you wi	Il be staying (e.g., hotel,	24- Telephone Number in Lebanon	24- Telephone Number in Lebanon				
friend, other)							
25 - Expected Date of Arrival Duration of		Port of Entry					
Day Month Yea							
	•						
Type and duration of Visa requested:							
o Single Entry \$88.00/Person () 15 days () One Month () Three Months							
<ul> <li>Two Entry \$125/Person</li> <li>Multiple Entry \$175/Person ( ) Three Month Multiple ( ) Six Month Multiple</li> </ul>							
• Multiple Entry \$1/5/Person ( ) Three Month Multiple ( ) Six Month Multiple  NB: The duration of the visa will start from the day it is issued							
I declare that all particulars made in this application are true and am aware that any false statement may lead to my application being							
declined.	Tr		7F.F				
Applicant's Signature: Date: Day Month Year							