



**Employment visa: (takes 5 to 10 business days) (TENTATIVELY)**

**Price is \$379 including all consular fees**

1. A passport valid for at least six (6) months, with at least two (2) blank adjacent visa pages.
  2. Four (4) recent passport size color photograph with a white background; the photograph must be passport style photographs.
  3. A completed application form filled in with black/blue pen or a typed version
  4. One notarized copy of University/College Degree(s)
  5. Official transcripts (sealed) accompanying each degree being presented.
  6. A print out from [degreeverify.com](http://degreeverify.com), verifying your degree. If the University/College is not a participant of [degreeverify.com](http://degreeverify.com), an official letter from the Registrar's office stating enrollment verification for the alumni is required. Letter must be addressed to the Saudi Arabian Cultural missions Office in Washington D.C.
  7. A "No Objection Letter" stating that the candidate has no objection to the Saudi Arabian Cultural Missions Office in Washington D.C. viewing academic records. Letter must include social security number as well as date and signature.
  8. ORIGINAL and copy of the employment contract signed by both the sponsor and the applicant. \*If the job position in Saudi Arabia is something you do not have a degree, the Embassy make reject your application. In this case please include resume, technical degrees, and any/all certifications you have received.
  9. The original letter from the company in Saudi Arabia sponsoring the applicant, certified both by a Saudi Chamber of Commerce and Industry and by the Ministry of Foreign Affairs. This letter must indicate the block visa number and date as well as the position and name of the person requested.
  10. A release letter from the previous employer, if the applicant has worked in the Kingdom before. This applies only if the last employment in the Kingdom ended within the last three (3) years.
- 11. Three (3) original medical reports accompanied by three copies of labwork/diagnostics.** The license number and address of the physician should appear on each copy. Medical reports should be used within three (3) months from the date of issuance.

Medical reports criteria

1. All three must be original
2. Hand filled by physician
3. Every test must be done
4. Physician must make a notation by every test, nothing can be left blank, and the only test that is not applicable is the pregnancy test for MALES only.

***In San Francisco:***  
2021 Fillmore Street  
San Francisco, CA 94115  
(415) 229-3210

***In Los Angeles:***  
373 S Doheny Drive, Ste B  
Beverly Hills, CA 90211  
(310)-878-2590

***In Houston:***  
3401 Louisiana St, Ste 130  
Houston, TX 77002  
(713)-936-0773

***In Washington DC:***  
1802 Vernon St NW  
Washington, DC 20009  
(202) 684 7150



12. A recent police report, with detailed information about applicants criminal record, if any. Police report must be official and accepted only from the local police department or State Police Department. Try to obtain a local police report, usually they are generated much quicker then going through the State.

### **Â Police Report Criteria**

1. Must be recent cannot exceed (30) days from the date your documents enter the Consulate
2. Must have seal, signature, or a stamp from the police dept.
3. Only accepted local and state police
4. Not a print out from the website

13. A Travel Visa Order form completed with payment and return shipping information.

14. All visa blocks listed in Houston, please complete the authorization form, but leave the visa agency blank.

**\*\*Please note, presenting a resume is optional but in some particular cases could become necessary, but in all cases if providing a resume is a possibility, please try to include a recent one\*\***

I have taken the consideration of attaching the medical report, Saudi Arabian Visa Application, Saudi Arabian Declaration of Laws, authorization form, and the No Objection statement to this email.

If you have any questions, please contact me right away as I am here to assist you.

Sincerely,

Justin Hackett  
1802 Vernon St NW  
Washington, DC 20009  
PH: [202 684 7150](tel:2026847150)  
Fax: 866 511 7599  
[justin@travelvisapro.com](mailto:justin@travelvisapro.com)

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صورة

Photo



سفارة المملكة العربية السعودية  
واشنطن  
القسم القنصلي

Royal Embassy of Saudi Arabia  
Washington  
Consular Section

الإسم الكامل:	Last Name:	Middle Name:	First Name:
إسم الأم:	Mother's Name:		
محل الولادة:	Place of Birth:	تاريخ الولادة:	Date of Birth:
الجنسية الحالية:	Present Nationality:	الجنسية السابقة:	Previous Nationality:
رقم الجواز:	Passport No:	محل الإصدار:	Place of Issue:
تاريخ الإصدار:	Date of Issue:	تاريخ انتهاء صلاحية الجواز:	Expiration Date:
الحالة الاجتماعية:	Martial Status:	الجنس:	Sex:
متزوج <input type="checkbox"/> عازب <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/>		ذكر <input type="checkbox"/> أنثى <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
الديانة:	Religion:		
المهنة:	Qualification:	المؤهل العلمي:	Profession:
عنوان المنزل ورقم الهاتف:	Home Address and Telephone No.:		

البريد الإلكتروني:	E-mail Address:
عنوان الشركة (المؤسسة) ورقم الهاتف:	Business Address and Telephone No.:

الغاية من السفر:	Purpose of Travel:
شخصية <input type="checkbox"/> Diplomat <input type="checkbox"/> دبلوماسية <input type="checkbox"/> خاصة <input type="checkbox"/> Special <input type="checkbox"/> زيارة عائلة <input type="checkbox"/> Family Visit <input type="checkbox"/> زيارة عمل <input type="checkbox"/> Work Visit <input type="checkbox"/> حكومية <input type="checkbox"/> Government <input type="checkbox"/> رجال اعمال <input type="checkbox"/> Businessmen <input type="checkbox"/> تجارية <input type="checkbox"/> Commerce <input type="checkbox"/> سياحة <input type="checkbox"/> Tourism <input type="checkbox"/> مرور <input type="checkbox"/> Transit <input type="checkbox"/> إقامة <input type="checkbox"/> Residence <input type="checkbox"/> دراسة <input type="checkbox"/> Student <input type="checkbox"/> عمرة <input type="checkbox"/> Umrah <input type="checkbox"/> حج <input type="checkbox"/> Hajj <input type="checkbox"/> عمل <input type="checkbox"/> Employment <input type="checkbox"/> تمديد عودة <input type="checkbox"/> Re-Entry <input type="checkbox"/>	

طريقة الدفع:	Method of Payment: Company Check: [ ] Money Order: [ ]
اسم وعنوان الشركة أو اسم الشخص الداعي وعنوانه بالمملكة:	Name and Address of Company or Individual invitee in the Kingdom:

معلومات السفر:	Travel Information:
Date of arrival in Saudi Arabia: City of Embarkation: Duration of Stay in the Kingdom:	Via Airline: Port of Entry:

اسم المحرم:	اسم المحرم:
Relationship of the person traveling with:	Name of traveling companion:

\*\*\* Application must be filed out its entirety \*\*\*

I, the undersigned, hereby certify that:

- أنا الموقع أدناه اوافق على اخذ بصمة الاصابع وقزحية العين
- أقر بأن كل المعلومات التي دونتها صحيحة وسأكون ملتزماً بقوانين المملكة أثناء فترة وجودي بها.
- I agree to have my fingerprints taken and my retinal scanned.
- All the information provided is correct. I will abide by the laws of the Kingdom during the period of my residence.

التاريخ:

التوقيع:

الإسم:

Name:	Signature:	Date:
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سفارة المملكة العربية السعودية

واشنطن

القسم القنصلي

Royal Embassy of Saudi Arabia

Washington

Consular Section

### ***NOTICE ON SAUDI LAWS AND REGULATIONS***

**I hereby undertake to give my fingerprints and my eye iris pattern images and comply with the laws of the Kingdom of Saudi Arabia.**

I, the undersigned, hereby agree to have my fingerprint and iris data (biometrics) captured as part of the application procedure for an entry visa to the Kingdom of Saudi Arabia. I further agree and declare as follows:

1. If granted the visa, I shall abide by all the laws and regulations of the Kingdom of Saudi Arabia and respect the Islamic customs and traditions of its people;
2. I am aware that all alcoholic beverages, narcotics and other illegal drugs, pornographic materials or publications that violate the social norms of decency and all other publications that are disrespectful of any religious belief or political orientation are prohibited and shall not be brought into the Kingdom of Saudi Arabia;
3. I am also fully aware that the crime of smuggling narcotics and other illegal drugs into the Kingdom of Saudi Arabia is punishable by the death penalty;
4. I have never been removed, excluded or deported from the Kingdom of Saudi Arabia or from any other Gulf Cooperation Council member state or charged with violation of any law or regulation thereof;
5. I agree to depart the Kingdom of Saudi Arabia on or before the expiration date of my visa. I am well aware that any violation of the laws and regulations of the Kingdom or any engagement in prohibited activities, such as the activities mentioned herein or in the entry visa documentation, are subject to the penalties described in the "Dealing with Persons on Entry Visas" statute, as enacted by Royal Decree No. 42, dated 10/18/1404 H;
6. I acknowledge and reaffirm my declaration that this application and the evidence submitted with it are all true and correct. I also understand that if I submit any false information or if my name was found to be listed as banned from entry into the Kingdom of Saudi Arabia, my application will be denied or my visa, if already granted, revoked. Moreover, I may be turned back from any Saudi port of entry at my own expense, while I shall have no right to demand compensation.

**Name** (Please print): \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Saudi Arabian Cultural Missions office  
Attention: Mr. Raddah Al Otaibi  
8500 Hilltop Road  
Fairfax, Virginia 22031  
TEL: (571) 327 - 2522

Date:

I, \_\_\_\_\_, show no objection to having the Saudi Arabian Cultural Missions office view my academic records for the purpose of attaining an employment visa through the Embassy of Saudi Arabia.

Sincerely,

SS#:

SAUDI ARABIA AUTHORIZATION LETTER

I, \_\_\_\_\_, authorize  
\_\_\_\_\_, to submit and pick up my  
passport

Nationality: \_\_\_\_\_.

Passport #: \_\_\_\_\_.

to the Consulate of Saudi Arabia.

Applicant's signature: \_\_\_\_\_.

Printed Name: \_\_\_\_\_.

Date: \_\_\_\_\_.



## MEDICAL REPORT

PHOTO

NAME: \_\_\_\_\_

NATIONALITY: _____	SEX: _____	AGE: _____	MARITAL STATUS: _____
PASSPORT NO: _____	ISSUE PLACE: _____		ISSUE DATE: _____
POSITION APPLIED FOR: _____			

DEAR SIR / MADAM  
PLEASE, ARRANGE TO EXAMINE THE ABOVE MENTIONED CANDIDATE AS TO HIS/HER FITNESS FOR THE ABOVE MENTIONED POSITION.

DATE \_\_\_/\_\_\_/\_\_\_ RECRUITMENT ATTACHE/OR DOCTOR: \_\_\_\_\_

**HISTORY OF ANY SIGNIFICANT PAST ILLNESS INCLUDING:**

- PSYCHIATRIC AND NEUROLOGICAL DISORDERS (EPILEPSY, DEPRESSION...)
- ALLERGY

MEDICAL EXAMINATION				LABORATORY INVESTIGATION		
TYPE OF MEDICAL EXAMINATION		NEGATIVE\ NORMAL	POSITIVE\ ABNORMAL (URINE)	TYPE OF LABORATORY INVESTIGATION	NEGATIVE\ NORMAL	POSITIVE\ ABNORMAL
VISION	R. EYE					
	L. EYE				- SUGAR	
EYE	OTHER				- ALBUMIN	
	R. EYE				- BILHARZIASIS	
	L. EYE				- OTHER	
EAR	R. EAR		(S	TOOL)		
	L. EAR					- HELMINTHES
CHEST X - RAY					- SALMONELLA/SHIGELLA	
PULMONARY TUBERCULOSIS (SYSTEMIC EXAMINATION)					- V.CHOLERA	
	BLOOD PRESSURE		(	BLOOD)		
	HEART				- HEMOGLOBIN	
	LUNGS				- MALARIA FILM	
	ABDOMEN				- OTHERS	
(OTHERS)			(	SEROLOGY)		
	*HERNIA		-	HIV TEST		
	*VARICOSE VEINS					
EXTREMITIES					- F. B. S.	
SKIN					- HBSAG/ANTI HCV	
(VENEREAL DISEASES)					- L. F. T.	
	- CLINICAL				- CREATININE	
	- LAB				- UREA	
	VDRL					
	TPHA		P	REGNANCY TEST		

<b>CONFIRM IF THE APPLICATION HAS ONE OF THE FOLLOWING:</b>		NO	YES
COMMUNICABLE DISEASES			
MENTAL DISORDER			
MENTAL RETARDATION			
PHYSICAL DISORDERS			
HANDICAP			
PARALYSIS			
BLINDNESS			
HEARING DISORDER			
SPEECH DISORDER			

MENTIONED ABOVE IS THE MEDICAL REPORT FOR MR / MRS / MISS \_\_\_\_\_, WHO IS  
 FIT  UNFIT FOR THE ABOVE MENTIONED JOB.  
 - TO BE FIT, ALL MEDICAL EXAMINATIONS AND LABORATORY INVESTIGATIONS MUST BE WITHIN NORMAL LIMITS. IN THE EVENT OF AN ABNORMAL/POSITIVE RESULT, A TYPEWRITTEN LETTER SIGNED BY THE PHYSICIAN STATING THE CONDITION AND ANY TREATMENT IMPLEMENTED. THIS LETTER SHOULD ALSO INDICATE WHETHER THIS CONDITION OR TREATMENT WILL HAVE ANY EFFECT ON THE APPLICANT'S WORK.

PHYSICIAN NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
 LICENSE NUMBER: \_\_\_\_\_ STAMP: \_\_\_\_\_

THIS FORM MUST BE ATTESTED BY ONE OF THE TWO FOLLOWING AUTHORITIES:

THIS IS TO CERTIFY THAT DR. _____ LICENSE NUMBER: _____, IS CURRENTLY LICENSED TO PRACTICE MEDICINE. AUTHORIZED SIGNATURE : _____ (1)	DEPARTMENT OF HEALTH (2)
STAMP OR SEAL OF THE STATE AUTHORITY (COLLEGE OF PHYSICIANS)	



# TRAVEL & VISA PRO ORDER FORM

Call us for assistance – 866-378-1722  
Fax – 866-511-7599

[www.TravelVisaPro.com](http://www.TravelVisaPro.com)  
[info@TravelVisaPro.com](mailto:info@TravelVisaPro.com)

## TRAVELER(S) INFORMATION:

## REFERRED BY/COUPON CODE: \_\_\_\_\_

Date Passport(s) must be back in your possession or date of your next international trip: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yyyy

Exact Dates Visa will be valid for: ENTRY \_\_\_\_\_ EXIT \_\_\_\_\_  
mm dd yyyy mm dd yyyy

Traveler #1 Name: \_\_\_\_\_  
First Last

Traveler #3 Name: \_\_\_\_\_  
First Last

Traveler #2 Name: \_\_\_\_\_  
First Last

Traveler #4 Name: \_\_\_\_\_  
First Last

## RETURN DOCUMENTS TO THIS ADDRESS:

Contact Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
NO P.O. BOXES

E-mail: \_\_\_\_\_ Signature Required for Delivery?  YES  NO

Phone: \_(\_\_\_\_)\_\_\_\_\_ Cell: \_(\_\_\_\_)\_\_\_\_\_ Fax: \_(\_\_\_\_)\_\_\_\_\_

- Shipping Method :**
- |                          |                                     |                          |   |
|--------------------------|-------------------------------------|--------------------------|---|
| <input type="checkbox"/> | + \$0 (will include my own postage) | <input type="checkbox"/> | + \$39 FedEx Standard Overnight<br>to states of HI, AK, or PR |
| <input type="checkbox"/> | + \$15 FedEx Express Saver          | <input type="checkbox"/> | + \$39 SATURDAY FedEx Overnight                               |
| <input type="checkbox"/> | + \$20 FedEx Standard Overnight     | <input type="checkbox"/> | + from \$39 for International FedEx                           |
| <input type="checkbox"/> | + \$25 FedEx Priority Overnight     |                          |   |

## SERVICES REQUESTED: Select the type of service you request by placing check mark in the appropriate box

**COUNTRY** (visa is for): \_\_\_\_\_ **Visas Type:**  TOURIST  BUSINESS  OTHER \_\_\_\_\_

**Processing time:** (see country specific and available options): **ENTER NUMBER OF DAYS:** \_\_\_\_\_

**Number of Entries:**  SINGLE (one entry, one exit)  DOUBLE (two entries, two exits)  MULTIPLE (unlimited)

**Visa Validity (in months):**  ONE  THREE  SIX  TWELVE  OTHER \_\_\_\_\_

**PLEASE ADD FREE PASSPORT REPLACEMENT COVERAGE FOR \$9.99.** By checking this box, I agree to enroll into passport replacement program. I authorize Travel Visa Pro to add \$9.99 charge per person to other fees paid. I have read and understood all terms and conditions of the program which are posted at [http://www.travelvisapro.com/index.php?travel\\_do\\_index](http://www.travelvisapro.com/index.php?travel_do_index).

## PAYMENT METHOD FOR APPLICABLE FEES: please enter total HERE: \$ \_\_\_\_\_

**PAID BY**  Credit Card  Money Order  PayPal  Check #: \_\_\_\_\_

I hereby authorize Travel & Visa Pro to charge the cost of its professional visa and passport services to the following card. I agree to pay this amount to my credit card company and agree to terms and conditions. I understand that requirements, fees, and processing times are subject to change without prior notice and all fees are non-refundable. An administrative fee of \$17 will be added to cancelled orders.

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ Security Code: \_\_\_\_\_  
mm yyyy

Billing Address:  Same as Shipping  Other: \_\_\_\_\_

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