



Protocol number	Visa number
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VISA APPLICATION FORM

01 - Full name (<i>as per passport; do not abbreviate or omit any name</i>) First Middle Last			Attach photo here - size: 2" x 2" - white or off-white background - front view, full face - must be recent picture
02 - Place of birth (city/state/country)	03 - Date of birth Day Month Year		
04 - Country of citizenship	05 - Sex male <input type="checkbox"/> female <input type="checkbox"/>	06 - Marital status	
07 - Passport #	08 - Issuing country	09 - Expiration date Day Month Year	
10 - Parents' full name (<i>do not abbreviate or omit any name</i>) Father's: _____ Mother's: _____			10-a - Parents' country of birth Father's: _____ Mother's: _____
11 - Highest level of education (check only one box) <input type="checkbox"/> no diploma <input type="checkbox"/> high school diploma or the equivalent (<i>e.g., GED</i>) <input type="checkbox"/> some college credit, but less than one year <input type="checkbox"/> more than one year of college, but no degree <input type="checkbox"/> associate's degree (<i>e.g., AA, AS</i>) <input type="checkbox"/> bachelor's degree (<i>e.g., BA, AB, BS</i>) <input type="checkbox"/> master's degree <input type="checkbox"/> professional degree (<i>e.g., MD, DDS DVM, LLB, JD</i>) <input type="checkbox"/> doctorate degree		12 - Major/primary field of study	
		13 - List any special skill and/or certificates	
		14 - Job position (<i>as per business card</i>) or title	
		15 - Employer (<i>for students, name school/university</i>)	
		16 - E-mail:	
17 - Business address			18 - Business telephone # (with area code)
19 - Home address			20 - Home telephone # (with area code)

FOR OFFICIAL USE ONLY

A - Consulta à SERE OF <input type="checkbox"/> TEL <input type="checkbox"/> No. _____		B - Autorização da SERE DESP <input type="checkbox"/> DESPTEL <input type="checkbox"/> No. _____		C - Tipo do Visto _____	
D - <input type="checkbox"/> Concessão <input type="checkbox"/> Denegação <input type="checkbox"/> Impedimento		E - <input type="checkbox"/> Uma entrada <input type="checkbox"/> Múltiplas entradas		F - Validade _____ anos/dias	
H - Observações		G - Data _____/_____/_____ I - Assinaturas Funcionário _____ Chefia _____			

21 - Purpose of trip (check item that is the most applicable to the circumstances of your trip)

- Provide services in Brazil of a temporary nature, including activities such as office and technical support, installation and repair of equipment, including computer and telecommunications systems, construction activities, and direct supervision of personnel in Brazil
- U.S.-based personnel involved in business development activities, including negotiating contracts, marketing, opportunity assessments, specifying orders for contracts, customer relations related activities, performance assessments, project reviews, and establishing a framework for doing business in Brazil
- Direct participation in oil and gas exploration and/or production activities
- Work under an employment contract with a company/organization in Brazil - i.e., hired under a Brazilian labor contract as a local employee (this applies to the foreign employees of multinationals working in their Brazilian subsidiaries)
- Transfer of residence to Brazil under permanent residency status
- Attend conference, seminar or workshop (note under "Comments" below whether attendee, paid/unpaid speaker, trainer, and provide name of event sponsor)
- Provide religious or missionary services and/or assistance
- Provide community and/or medical services
- Attend school or pursue studies
- Conduct research or pursue scientific-technologic activities under an international cooperation program
- Pursue professorial studies/research/teaching and/or pursue scientific/technologic activities at an university, research or similar organization (attach letter specifying conditions: employment contract? research scholarship?)
- Participation in athletic or performing arts events (note under "Comments" below whether paid/unpaid participation)
- Journalism activities and/or film making
- As a government official
- Tourism, visit friend(s) and/or relatives (under "Comments" below provide further insight on intended trip and, as applicable, list relationship to parties being visited)
- Other: _____

Comments: _____

22 - Expected port of entry and date of arrival in Brazil

23 - Expected duration of immediate trip

24 - Name and address of person, institution or company through whom you can be contacted in Brazil

25 - Address in Brazil where you will be staying (e.g., hotel, vessel, friend, other)

26 - Telephone # in Brazil (with city code)

27 - Have you ever been to Brazil?

- Yes No

28 - If yes for item 27, provide date, place and duration of last visit

IMPORTANT: FORMS THAT ARE INCOMPLETE AND INCORRECTLY FILLED OUT WILL BE RETURNED. CAREFULLY READ AND FOLLOW INSTRUCTIONS AT THE BOTTOM OF THIS PAGE.

29 - I declare that the above information is true and accurate.

Name (type or print)

Date

Signature

Day

Month

Year

INSTRUCTIONS

- ◆ Type or write in block letters, on blue or black ink only. Form can be filled out on line.
- ◆ Complete first and second pages, except for box marked "For Official Use Only".
- ◆ Answer all questions thoroughly and accurately. If a question does not apply, please type N/A.
- ◆ Sign and date each form. Original signature is mandatory (no photocopy).

International Visa Service, LLC
1519 Connecticut Ave., NW, Suite 300
Washington, D.C. 20036
Telephone - 202-387-0300, Fax - 202-387-5650



IVS ORDER FORM

TRAVELER ONE (1):

First Name:	Last Name:	M.I.:
	Date of Birth:	

TRAVELER TWO (2):

First Name:	Last Name:	M.I.:
	Date of Birth:	

SERVICES REQUESTED

Passport:	<input checked="" type="checkbox"/> New	<input checked="" type="checkbox"/> Renewal	<input checked="" type="checkbox"/> Add Pages	<input checked="" type="checkbox"/> Amendment
Visa:	<input checked="" type="checkbox"/> Tourist	<input checked="" type="checkbox"/> Business	<input checked="" type="checkbox"/> Missionary	<input checked="" type="checkbox"/> Visa Invitation
Country/Countries for which visa is required				
Entry:	<input checked="" type="checkbox"/> Single	<input checked="" type="checkbox"/> Double	<input checked="" type="checkbox"/> Multiple	
Processing Speed:		Departure Date:		

SHIPPING DETAILS: **FedEx Overnight** or **FedEx 2 Day** **(circle one)**

Company:	Contact Name:
Telephone #:	Email:
Address: (no p.o. box)	

FORM OF PAYMENT:

<input checked="" type="checkbox"/> Money Order <input checked="" type="checkbox"/> Company Check <input checked="" type="checkbox"/> Visa <input checked="" type="checkbox"/> MasterCard <input checked="" type="checkbox"/> Discover If check provide check #:	
Cardholder's Name:	Credit Card Number:
Expiration Date:	Security code (3 digits on the back of the card):
I authorize International Visa Service to charge the amount of: \$	
Signature:	Date:

Please send all documents, including this form, and payment for the service fee, consular fee, and mailing fee to the address above. Services, fees and consular fees are non-refundable. International Visa Service is NOT responsible for any policy changes at any Consulates as well as delays, damages or loss of documents resulting from the action of the Embassy or mail courier service.

For official use only, please do not write below this line.

IN:
OUT: