

VISA SERVICE INC.

160 Commonwealth Avenue
Suite 1-A
Boston Massachusetts 02116
Tel. 617-266-7646
Fax: 617-262-9892

TRAVEL DOCUMENTATION

BRAZIL – NEW YORK PROCESSING

Please note: the consulate in Brazil will only accept application for out-of-jurisdiction business visas. If you would like to apply for a tourist visa you must make a personal appearance at the consulate in Boston.

BUSINESS VISA REQUIREMENTS *Please allow a minimum of 2 business days for processing*

- ✓ Passport, signed & valid for at least 6 months beyond the requested date of entry
- ✓ One passport photos, 2" x 2", taken on a white background
- ✓ One completed and signed application form
- ✓ A cover letter from your US office on company letterhead
- ✓ A copy of your flight itinerary on travel agency letterhead or printed from the internet
- ✓ A copy of your drivers license
- ✓ Payment- Consular Fee ***plus*** Visa Service Inc fee

Consular Fee:

Business – \$200.00

Visa Service Inc, Fee:

Tourist – \$85.00

Rush (4-7 business days) – \$65.00

Business – \$95.00

Emergency (1-3 business days) – \$120.00

Non-US – \$120.00

Note: If the visa is denied for any reason by the Consular, absolutely no refund is possible.

No changes are allowed once a request has been submitted.

If paying by check or money order, please make payable to VISA SERVICES, INC.

If paying by credit card, there is an additional 3% charge

Visa Services, Inc acts only as an agent and accepts no responsibility for the services of any Travel Agent, Consulate, or Embassy in connection with the granting of visas: nor any delays or losses occasioned by such services or the US or Canadian mails, UPS, Federal Express, or any other services.



REPÚBLICA FEDERATIVA DO BRASIL
 MINISTÉRIO DAS RELAÇÕES EXTERIORES
 CONSULADO-GERAL DO BRASIL EM NOVA YORK

1185 Avenue of the Americas, 21st Floor, New York, NY 10036
 Tel: (917) 777-7777 - Fax: (212) 827-0225
 Email: visas@brazilny.org - www.brazilny.org

Fillable Form

FORMULÁRIO DE PEDIDO DE VISTO

VISA APPLICATION FORM - **V1**

Visto nº _____

PLEASE TYPE OR PRINT IN BLOCK LETTERS, ON BLUE OR BLACK INK ONLY. ANSWER ITEMS 1 THROUGH 25 (FRONT AND BACK). INCOMPLETE FORMS WILL BE RETURNED. SIGN AND DATE THE FORM.

DADOS PESSOAIS / PERSONAL INFORMATION

FAVOR GRAMPEAR FOTO
 TAMANHO 2 X 2 INCHES
 AQUI

PLEASE STAPLE A 2 X 2
 INCHES PHOTO HERE

- Fundo branco ou quase branco
- De frente – rosto completo
- Foto recente

- White or off-white background
- Front view, full face
- Must be a recent picture

01 - NOME COMPLETO (FIRST/MIDDLE/FAMILY NAME)

02 - NASCIDO EM (cidade/estado/país)
 PLACE OF BIRTH (city/state/country)

03 - DATA DE NASCIMENTO (d/m/a)
 DATE OF BIRTH (d/m/y)

04 - NACIONALIDADE
 NATIONALITY

05 - SEXO
 SEX
 Masculino/Male
 Feminino/Female

06 - ESTADO CIVIL
 MARITAL STATUS

07 - NÚMERO DOC. DE VIAGEM
 PASSPORT NUMBER OR TRAVEL
 DOCUMENT NUMBER

08 - PAÍS EXPEDIDOR
 ISSUING COUNTRY

09 - EXPIRAÇÃO (d/m/a)
 EXPIRATION DATE (d/m/y)

10 - NOME DOS PAIS / PARENT'S NAME / NACIONALIDADE / NATIONALITY

do pai - father's: _____
 da mãe - mother's: _____

11 - ENDEREÇO RESIDENCIAL / HOME ADDRESS

12 - TELEFONE Nº
 TELEPHONE Nº

13 - PROFISSÃO
 PROFESSION

14 - ENDEREÇO PROFISSIONAL / BUSINESS ADDRESS

15 - TELEFONE Nº
 TELEPHONE Nº

16 - EMPREGADOR
 EMPLOYER

PARA USO OFICIAL - FOR OFFICIAL USE ONLY

A - Consulta à SERE

_____ Nº. _____

B - Autorização da SERE

_____ Nº. _____

C - Tipo do Visto

D -
 Concessão
 Denegação
 Prorrogação

E - Entradas
 Uma
 Múltiplas

F - Prazo de Estada
 _____ anos/dias

G - Data
 ____ / ____ / ____
 dia mês ano

H - Observações

I - Assinaturas
 Funcionário

Chefia

FAVOR CONTINUAR NO VERSO - PLEASE CONTINUE ON THE BACK →

DADOS PESSOAIS / PERSONAL INFORMATION (CONT.)

17 - OBJETIVO DA VIAGEM AO BRASIL / PURPOSE OF VISIT TO BRAZIL (PLEASE CHECK AS APPROPRIATE) :

- VIAGEM ESTRITAMENTE DE NATUREZA TURÍSTICA (ATIVIDADES REMUNERADAS PROIBIDAS)
MY VISIT WILL BE STRICTLY FOR TOURISM (NO PAID ACTIVITIES ARE ALLOWED).
- VIAGEM DE NEGÓCIOS
I AM GOING TO BRAZIL ON BUSINESS.
- VIAGEM DE TRÂNSITO
I AM IN TRANSIT.
- PARTICIPAÇÃO EM SEMINÁRIOS OU CONFERÊNCIAS
I WILL PARTICIPATE IN SEMINARS OR CONFERENCES.
- PARTICIPAÇÃO EM PROGRAMAS CULTURAIS/CIENTÍFICOS
I WILL TAKE PART IN A CULTURAL/SCIENTIFIC PROGRAM.
- DESEMPENHO DE ATIVIDADES DE PESQUISA
I WILL DEVELOP RESEARCH ACTIVITIES.
- TRABALHO EM ATIVIDADES DE ASSISTÊNCIA SOCIAL
I WILL ACCOMPANY A GROUP OF CHURCH VOLUNTEERS AND/OR TAKE PART IN COMMUNITY SOCIAL WORKS.
- PARTICIPAÇÃO EM ATIVIDADES ESPORTIVAS E/OU ARTÍSTICAS
I INTEND TO PARTICIPATE SPORT AND/OR ARTISTIC ACTIVITIES.
- TRABALHO COMO CORRESPONDENTE JORNALÍSTICO
I INTEND TO WORK AS A MEDIA CORRESPONDENT.
- TRABALHO COM CONTRATO NO BRASIL
I INTEND TO HOLD A POSITION UNDER AN EMPLOYMENT CONTRACT IN BRAZIL.
- TRABALHO COMO MISSIONÁRIO RELIGIOSO NO BRASIL
I INTEND TO WORK AS A RELIGIOUS MISSIONARY
- ATIVIDADE EM ÁREAS HABITADAS POR POPULAÇÕES INDÍGENAS
I INTEND TO VISIT AREAS INHABITED BY INDIGENOUS POPULATIONS.
- CURSOS ESCOLARES NO BRASIL
I WILL ATTEND SCHOOL IN BRAZIL.
- VIAGEM EM MISSÃO OFICIAL
I WILL TRAVEL IN AN OFFICIAL MISSION.
- ACOMPANHAMENTO DE PESSOAS EM MISSÃO OFICIAL
I WILL ACCOMPANY MEMBERS OF AN OFFICIAL MISSION.
- SOLICITAÇÃO DE VISTO PERMANENTE
I AM APPLYING FOR A PERMANENT VISA
- OUTROS (INDICAR) _____
OTHER (EXPLAIN)

18 - NOME E ENDEREÇO DA PESSOA, ENTIDADE OU EMPRESA DE CONTATO NO BRASIL
NAME AND ADDRESS OF PERSON, INSTITUTION OR COMPANY WHERE YOU CAN BE CONTACTED IN BRAZIL19 - ENDEREÇO NO BRASIL
ADDRESS IN BRAZIL20 - TELEFONE Nº
TELEPHONE Nº21 - LOCAL E DATA DE DESEMBARQUE
PLACE AND DATE OF ARRIVAL22 - DESTINO
DESTINATION23 - PERÍODO DA ESTADA
LENGTH OF INTENDED
STAY24 - JÁ ESTEVE NO BRASIL?
HAVE YOU EVER BEEN IN BRAZIL?SIM/YES NÃO/NO 25 - EM CASO AFIRMATIVO, FAVOR INDICAR QUANDO, LOCAL E DURAÇÃO
DA ÚLTIMA ESTADA
IF YES, PLEASE INDICATE WHEN, PLACE AND LENGTH OF LAST STAY**TERMO DE RESPONSABILIDADE / FORMAL STATEMENT**26 - DECLARO SEREM VERDADEIRAS E COMPLETAS AS INFORMAÇÕES CONTIDAS NO PRESENTE DOCUMENTO.
I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.NOME / NAMEDATA / DATE DD/MM/YYASSINATURA / SIGNATURE

✓

FORMAT FOR BUSINESS LETTER

(Date)

Dear sirs/madam:

On behalf of (Traveler's Full Name) we are submitting (his/her) valid passport and required documents for a (single/multi) entry business visa. (Mr./Mrs./Ms) (Traveler's Last Name) has been a (job title position) with (name of company) since (date of hire) for (length of employment). (Applicant's company name's) contact number in the United States is (US corporate contact #).

(Traveler's Name) is planning a business visit to (country name). (Please explain activities of the organization). (He/She) will depart the US on (departure date), will arrive in (arrival city) on (arrival date) and will remain for approximately (# of days) and will return (# of times the traveler is expected to return to this country if requesting a multiple entry visa) over the next year. We would greatly appreciate any assistance you can provide us in expediting this process.

While there, he/she will be in contact with (local contact name and company name). His/Her address will be (exact street address). The phone number is (phone #).

(Company Name) guarantees that (traveler's name) will have adequate funds in his/her possession, as well as confirmed living accommodations and return transportation. (Company Name) also guarantees that he/she will not become dependent upon the government of (country name) in any way during his/her visit.

Thank you for your kind assistance in this matter. Please feel free to contact me with any questions.

Sincerely,
(Authorized signer other than the traveler)
(Signer's title)

**VISA
SERVICE
INC.**

160 Commonwealth Avenue, Suite U-1A, Boston, MA 02116

Tel: 617-266-7646

Fax: 617-262-9829

ORDER FORM

Name (Last, First): _____

Date passport must be back in your possession: _____ Date of travel: _____

DELIVERY INSTRUCTIONS:

Print street address with suite/apt. # (no P.O Boxes) for Visa Service, Inc. to return your documents to you. Please note: If you do not have an account number with FedEx, the return shipping charges must be included in your payment to Visa Service, Inc.

_____ FEDEX (_____ ACT. #) _____ PICK UP

_____ SELF ENCLOSED PREPAID ENVELOPE/FEDEX LABEL

Name: _____

Company _____

Address: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Cell Phone: _____

E-mail: _____

VISAS REQUIRED FOR:

Country	Travel Entry Date	Business/Tourism	Emergency/Rush/Regular	Single/Multi Entry

PAYMENT DETAILS:

I enclose check/money order made payable to Visa Service, Inc. ...OR...

I hereby authorize Visa Service, Inc. to charge my credit card for _____ processing (and/or) _____ delivery of my visa.

Type of Credit Card: _____ VISA _____ MASTERCARD _____ DISCOVER _____ AMERICAN EXPRESS

Credit Card Number: _____ Exp. Date (MM/YY): _____

Note Well :- If paying by credit card, there is an additional 3% credit card fee

Print name as it appears on the credit card: _____

Address: _____ City: _____ State: _____ Zip: _____

I agree this information I've given is true and correct to the best of my knowledge.

SIGNED: _____ DATE : _____

FOR OFFICE USE ONLY

Credit Card Amount \$ _____ Approval Code : _____