



WASHINGTON, DC

Visa Requirements BULGARIA

Required Documents Checklist

ALL TRAVELERS must include the following documents in your package to G3:

- Your original valid signed passport. It must have two blank visa pages facing each other and more than six months before expiry.
- Non-US citizens must provide a copy of their Alien Registration Card (A.R.C.) or U.S. Visa and original I-94.
- One completed and signed visa application form (see attached).
- One passport-style (2"x2") photograph taken within the last 6 months, on photo paper and with a plain white background.
- Copy of flight itinerary.
- Proof of international health insurance with a minimum coverage of \$37,500.
- Recent bank or credit card statement showing the availability of at least \$50 per day for the duration of your trip. Account numbers may be blacked out to protect your privacy; do not obscure any other information.

BUSINESS and FLIGHT CREW TRAVELERS must also include:

- A business letter from their U.S. company. This letter must explain the purpose of the trip and provide a financial guarantee. It must be on letterhead and signed by a representative of the company other than the applicant. A sample is attached.
- A letter of invitation from the organization to be visited in Bulgaria, endorsed by the Bulgarian Chamber of Commerce.

TOURIST TRAVELERS must also include:

- Copy of hotel reservations, or an invitation from a private host on the standard form provided by local authorities.

NOTES:

U.S. Citizens do not require visas to Bulgaria for trips of less than 90 days.

For visa requests requiring 24 Hour processing, G3 must receive all paperwork no later than 8:30 AM. Please send documents via FedEx or UPS with no signature required.

Send all required documents and the completed Traveler Information form to G3 using a service with tracking such as FedEx or UPS.

Applicable Fees

Embassy Fees for Visa Processing

Visa Type	24-48 Hours	3 Business Days	10 Business Days
Single Entry	\$200.00	\$180.00	\$90.00

G3 Processing Fees

Visa Type	24-48 Hours	3 Business Days	10 Business Days
Tourist	\$90.00	\$65.00	\$55.00
Business	\$100.00	\$75.00	\$60.00
Flight Crew	\$95.00	\$70.00	\$60.00



Traveler Information

1. Traveler Name _____
Date of Birth _____
2. Traveler Name _____
Date of Birth _____
3. Traveler Name _____
Date of Birth _____
4. Traveler Name _____
Date of Birth _____

Shipping and Contact Information

This must be a physical address for FedEx delivery; no P.O. Boxes.

Attention: _____
Company Name: _____
Street Address: _____
Apt. /Suite: _____
City: _____
State: _____ Zip Code: _____
Home Phone: _____
Office Phone: _____
Mobile Phone: _____
Fax Number: _____
Contact Email: _____

Please provide an email address so we may contact you with shipping and status updates.

Special Notes or Instructions:

[Empty box for special notes or instructions]

Send This Form and All Required Documents To:

G3 Washington, DC:
703.276.8472 Phone
888.883.8472 Toll Free
703.524.3374 Fax
info@g3visas.com

Attn: Visa Department
3300 N Fairfax Drive
Suite 220
Arlington, VA 22201

www.g3visas.com

G3 Visas & Passports, Inc. acts on the behalf of the client, and cannot be held liable for the services rendered by U.S. Government agencies, Post Offices, Travel Agents or other entities in connection with passport processing.

Travel Details

Date of US Departure: _____
I must have my passport no later than: _____
Other visas or passport services requested:
[Empty box]

Return Shipping

Passports will be returned via Federal Express.

Select One:

- 3 Business Day Delivery \$16.00
Standard Overnight Delivery \$25.00
8 AM Delivery** \$80.00
Saturday Delivery** \$40.00
Same Day Delivery** Please Call
International Delivery** Please Call

** These services may not be available for all delivery locations.

Payment Information

Please see the attached visa requirements sheet for applicable embassy and G3 processing fees.

Select Payment Type:

- Credit Card
Check (company or certified)
Established Corporate Account

Billing, Project or Reference Code or Account # _____

Total Fees from Visa Requirement Sheet:

Table with columns: Fee, x # of Travelers, Total. Rows: Embassy Fee, G3 Processing Fee, Shipping Fee, Subtotal, Add 5% fee for credit card processing, Total Payment Enclosed.

For Payment Via Credit Card:

American Express, Discover, MasterCard and Visa only

Name as it appears on card: _____
Account Number: _____
Expiration Date: _____ Billing Zip Code: _____
Security Code: _____

Cardholder Signature: _____



STAMPOF EMBASSY
OR CONSULATE

PHOTOGRAPH

Application for Bulgarian Visa

/The application form is provided free of charge/

1. SURNAME		FOR VISA ISSUING AUTHORITY USE ONLY Date of application: File handled by : Supporting documents: <input type="checkbox"/> Valid passport <input type="checkbox"/> Financial means <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> Medical insurance <input type="checkbox"/> Other :
2. EARLIER SURNAMES / OTHER SURNAMES		
3. FIRST NAME		
4. DATE OF BIRTH (year - month – day)	5. NATIONAL ID NUMBER (if any)	
6. PLACE AND COUNTRY OF BIRTH		
7. NATIONALITY(IES)	8. PREVIOUS NATIONALITY (nationality at birth)	
9. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	10. MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other	
11. FATHER'S NAMES	12. MOTHER'S NAMES	
13. TYPE OF PASSPORT: <input type="checkbox"/> National passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Travel document (1951 Geneva Convention) <input type="checkbox"/> Alien's passport <input type="checkbox"/> Seaman's passport <input type="checkbox"/> Other travel document (please, specify):		
14. NUMBER OF PASSPORT	15. ISSUED BY	
16. DATE OF ISSUE	17. VALID UNTIL	
18. IF YOU RESIDE IN A COUNTRY OTHER THAN YOUR COUNTRY OF ORIGIN, DO YOU HAVE PERMISSION TO RETURN TO THAT COUNTRY? <input type="checkbox"/> No <input type="checkbox"/> Yes (number and validity of permission)		
19. CURRENT OCCUPATION		
20. EMPLOYER AND EMPLOYER'S ADDRESS AND TELEPHONE NUMBER (for students: name and address of school)		
21. COUNTRY OF FINAL DESTINATION	22. TYPE OF VISA: <input type="checkbox"/> Airport transit <input type="checkbox"/> Transit <input type="checkbox"/> Short stay <input type="checkbox"/> Long stay	23. VISA: <input type="checkbox"/> Individual <input type="checkbox"/> Group
24. NUMBER OF ENTRIES <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries	25. DURATION OF STAY Visa is requested for: _____ days	
26. OTHER BULGARIAN VISAS (issued during the past three years) AND THEIR PERIOD OF VALIDITY		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple
27. IN THE CASE OF TRANSIT, DO YOU HAVE AN ENTRY PERMIT FOR THE FINAL COUNTRY OF DESTINATION? <input type="checkbox"/> No <input type="checkbox"/> Yes, valid until: Issuing authority:		Valid from..... To..... Valid for: days

28. TRAVELS ABROAD IN THE PAST FIVE YEARS			FOR VISA ISSUING AUTHORITY USE ONLY
29. PURPOSE OF TRAVEL <input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Private visit <input type="checkbox"/> Cultural/Sports <input type="checkbox"/> Official <input type="checkbox"/> Medical reasons <input type="checkbox"/> Other (please, specify):			
30. DATE OF ARRIVAL		31. DATE OF DEPARTURE	
32. BORDER OF FIRST ENTRY OR TRANSIT ROUTE		33. MEANS OF TRANSPORT	
34. DETAILS ABOUT HOST PERSON, ORGANIZATION OR HOTEL			
Full name of person/Name of organization or hotel		Telephone and fax	
Full address		E-mail address	
35. WHO IS PAYING FOR YOUR TRIP AND FOR YOUR COSTS OF LIVING DURING YOUR STAY? <input type="checkbox"/> Myself <input type="checkbox"/> Host person <input type="checkbox"/> Host organization (State who and how and present corresponding documentation):			
36. MEANS OF SUPPORT DURING YOUR STAY <input type="checkbox"/> Cash <input type="checkbox"/> Travellers' cheques <input type="checkbox"/> Credit cards <input type="checkbox"/> Accommodation provided for <input type="checkbox"/> Other:..... <input type="checkbox"/> Travel and/or medical insurance. Valid/and until:.....			
37. SPOUSE'S FAMILY NAME		38. SPOUSE'S EARLIER FAMILY NAMES	
39. SPOUSE'S FIRST NAME	40. SPOUSE'S DATE OF BIRTH	41. SPOUSE'S PLACE OF BIRTH	
42. CHILDREN			
Middle name and family name	First name	Date of birth	
1.			
2.			
3.			
43. PERSONAL DATA OF THE EU OR EEA CITIZEN YOU RELY ON (This question should be answered only by family members of EU or EEA citizens.)			
Middle name and family name		First name	
Date of birth	Nationality	Number of passport	
Family relationship: of an EU or EEA citizen			
<p>44. I consent to the following: any data which appear on this visa application form will be supplied to the relevant authorities in the Republic of Bulgaria and processed by those authorities for the purposes of a decision on my visa application. Such data may be input into, and stored in databases.</p> <p>I declare that data above is true and correct. I understand that any false statements may render me liable to prosecution under the Bulgarian law and that this may result in the refusal of a visa or to the annulment of a visa already granted.</p> <p>I undertake to leave the territory of the Republic of Bulgaria upon the expiry of the visa.</p> <p>I have been informed that possession of a visa is not the only prerequisite for entry into the territory of the Republic of Bulgaria.</p>			
45. APPLICANT'S HOME ADDRESS		46. TELEPHONE NUMBER	
47. PLACE AND DATE		48. SIGNATURE	

Sample Business Letter from U.S. Company

*****Please print your business letter on company stationery*****

June 1, 2009

Consulate General of *(Country you are traveling to)*

Consular Section

Dear Visa Officer,

Jeremy Simmons (*Insert your name*), Vice President (*Insert your position*), International Public Policy, East Coast Promotions, Inc. (*Insert the name of your company*) is planning a business trip to (*Country you are traveling to*) on Monday, August 3 through August 17 (*Dates of your trip*). During this trip he has scheduled meetings to discuss the sale and distribution of our products.

His agenda is to meet and discuss business with Mr. Hank Hartford (*Insert Name of Contact*) at:

Overseas Company Name

Street Address

City, Country Zip code

Telephone number

(It is important to indicate which company and individual you are going to visit.)

East Coast Promotions, Inc. (*Insert Company Name*) will assume all financial responsibility for any debts incurred by Jeremy Simmons while traveling on business in (*Country you are traveling to*).

He requests that you issue a (*insert type and duration of visa*) visa. I appreciate your attention to this matter.

Sincerely,

Barry G. Hart (*Please have someone other than the applicant sign this letter.*)

Senior Vice President

East Coast Promotions, Inc.

Sample Business Letter For Flight Crew

*****Please print your business letter on company stationery*****

June 15, 2009

Consulate General of **(Country you are traveling to)**
Consular Section

To Whom It May Concern:

Please be advised that the below listed individuals are applying for **Flight Crew** visas. Financial responsibility for all expenses incurred by these individuals during their stay in *(country)* is the complete and total responsibility of *(name of your flight department)*

Pilots: Primary Captain(s):
Backup(s):

First Officer Primary:
Backup:

Flight Attendant Primary:

Date of Arrival #1: July 13, 2009 Date of Arrival #2 *(if applicable)*

Airport of Arrival: City

Aircraft/Flight: N506AB

Date of Departure #1: July 20, 2009 Date of Departure #2 *(if applicable)*

Airport of Departure: City

Aircraft/Flight: N506AB

Reason for Travel: Transporting executives

We appreciate all efforts and courtesies you may extend to us in order that they may receive their visas as soon as possible. We thank you for your attention to this matter. If you have any questions, please feel free to give me a call directly at *(contact number)*.

Best Regards,

*(Signature here, must be signed by someone **other** than the applicants)*

Title