

EMPLOYMENT VISA REQUIREMENTS TRAVEL DOCUMENT EXPRESS

Step One:

University Credentials to be validated by the Saudi Arabian Cultural Mission.

(The requirements for this procedure are listed on an attachment to this packet)

- Note: Some positions do not require degree authentication, please check with your employer if you are not sure whether degree authentication will be necessary.

For training or technical diplomas, certified and notarized copies must be validated by the U.S. Department of State and by the Saudi Embassy.

Step Two:

Application materials to be submitted to the Embassy of Saudi Arabia for visa processing.

Requirements:

___ A passport valid for the length of the employment contract. Passport should have at least two (2) blank visa pages adjacent to each other.

___ Four (4) recent passport size color photographs with a white background; the photograph must be a full-face view in which the visa applicant is facing the camera directly. Side or angled views are not accepted.

___ A completed visa application form filled out in CAPITAL LETTERS with a black ink pen or typed and printed.

___ Electronic Authorization ratified by the Saudi Ministry of Foreign Affairs.

___ A reference note showing the number and date of the employment visa issued by the Ministry of Foreign Affairs or its branches in Jeddah or Dammam.

___ A certified copy of the applicant's university degree or diploma. <THIS IS STEP ONE PROCEDURE>

Note: Diplomas issued outside the U.S. should be validated by the Saudi Cultural Mission which has jurisdiction over that country. In this case the applicant must arrange to have his or her diploma validated independently, we cannot assist with the authentication of foreign diplomas.

___ An original employment contract signed by both the sponsor and the applicant. The position mentioned in the contract should match the position mentioned in the visa block reference, and should be supported by the academic degree the applicant holds.

___ 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.

___ Three (3) ORIGINAL Medical report forms. This medical report must be completed in the US by a licensed physician certifying that the applicant is free of any contagious disease. The license number and address of the physician should appear on each copy along with an original signature and a stamp from the medical facility. Medical reports must be used within three (3) months from the date of issuance. All copies of the lab results must also be included.

___ An original police report issued within six (6) months with detailed information about applicant's criminal record, if any.

Payment to the Embassy should be made only through the Enjaz website. Our office will prepare the Enjaz request and make payment on behalf of the applicant.

N.B. Applicants must be physically present in the United States to apply for a Saudi Arabian Employment Visa, and must be able to prove this to the satisfaction of the Saudi Consulate.

All requests sent to Travel Document Express should be accompanied by our Service Order Form with up-to-date contact information for the applicant.

Fees

\$175-\$200 Service fee (depending on complexity in handling this visa application)
\$15 Embassy fee
\$12 Enjaz fee
\$25 Shipping fee

Attachments included in this packet:

- a. Saudi Arabia Cultural Mission (SACM) guidelines for authentication of diploma
- b. SACM Distance Learning form
- c. SACM Authorization letter
- d. Visa form
- e. Medical report
- f. TDE Service Order Form

Notice:

- The applicant must be a US citizen, a permanent resident or a holder of a valid residency visa in the USA(student visa, H1B, etc.)
- Visitors in the Kingdom shall abide by the Country's Islamic laws and regulations and respect its laws, which are strictly enforced. Violators are subject to severe consequence, which may include the death penalty.

Application for the Authentication of Documents

Name of the applicant: _____

Name of the employer: _____

Name of the passport agency (if applicable): _____

Required Documents:

1. Applicant contact information that includes an address, email and phone number AND/OR the passport agency's address, email and phone number.
2. Letter from the applicant or the courier agent stating the reason for authentication
3. Copy of the employment contract
4. Copy of passport
5. Copy of college/university degree
6. Updated official transcript in a sealed envelope.
7. Signed authorization letter (attached) from the applicant allowing the Saudi Arabian Cultural Mission to obtain information about his/her academic record
8. Verification from the National Student Clearinghouse. Receive this verification by visiting www.degreeverify.com and provide the degree information. If this information is verified, print out a copy using the "transaction ID number."
 - If the college/university does not participate in the National Student Clearinghouse, please contact the college's registrar office for a degree verification letter. This letter must be in a sealed envelope.
9. The attached distance learning form filled out by the university and sent in a sealed envelope from the registrar's office. If the university is unwilling to provide this information on the form, a letter in a sealed envelope from the university addressing the information on the attached form will suffice. This may come in the same envelope as the transcripts.
10. Nurses and physicians are required to provide us with a copy of their practice license and the email and telephone number of the clinic for confirmation of the validity of the license.
11. A prepaid return envelope from the United States Postal Service, FedEx, or DHL. **Your documents cannot be returned to you without this requirement.**

Important note: Incomplete files will be immediately returned. If there is no contact information, the documents will be discarded after 2 weeks. Please send all documents to:

Saudi Arabian Cultural Mission
Attn: Authentications Department
8500 Hilltop Road
Fairfax, VA 22031

For more information, please contact:

Mr. Abdullah Almogaddedi
Phone: (571) 327-2520
Email: amogaddedi@sacm.org

Mr. Husham Abdel Mageed
Phone: 571-327-2519
Email: habdelmageed@sacm.org

Last updated: 4/28/2014

**Saudi Arabian Cultural Mission
Distance Learning Form**

Name of the Student: _____

Degree: _____ Major: _____

Confer Date: _____

1. Did the Student earn their degree entirely through traditional, face-to-face coursework*? Yes No
2. Was coursework completed only on the main campus**? Yes No

*If not, did the student complete any coursework through distance/online, hybrid, web-based, web-enhanced, or web-enabled classes? If so, please list the courses in the chart below.

Course Title	# of Credit Hours	*Course Type	% of Course Completed Online			
			(25%	50%	75%	100%)

**If the student did not study on the main campus, please clarify:

University Point-Of-Contact Information

Name: _____

Phone Number: _____

Email: _____

TRAVEL DOCUMENT EXPRESS

1301 20th St. NW Suite 111 Washington DC 20036 USA
P: 202-785-3250 | F: 2020-785-3256 | support@traveldocument.com

**LETTER OF AUTHORIZATION FOR
AUTHENTICATION OF DOCUMENTS**

Saudi Arabian Cultural Mission
8500 Hilltop Road
Fairfax, VA 22031

Dear Sir/Madam:

I hereby authorize the Saudi Arabian Ministry of Higher Education and its representatives at the S.A. Cultural Mission to enquire and receive any information relevant to my previous academic study, including transcripts, certificates, grades, and the nature and content of my coursework at my university.

Name: _____

Date of Birth: _____

School ID #: _____

(If unknown, please provide social security number)

Please be advised that I am authorizing Travel Document Express and its representative(s) to submit my application and receive my authenticated diploma from your office when ready.

Thank you for your prompt attention to my application.

Sincerely,

Original Signature of the Applicant and 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	TYPE OF LABORATORY INVESTIGATION (URINE)	NEGATIVE/ NORMAL	POSITIVE/ ABNORMAL
VISION	R. EYE					
	L. EYE					
EYE	OTHER					
	R. EYE					
EAR	L. EYE					
	R. EAR			(STOOL)		
CHEST X - RAY	L. EAR					
PULMONARY TUBERCULOSIS						
(SYSTEMIC EXAMINATION)						
	BLOOD PRESSURE			(BLOOD)		
	HEART					
	LUNGS					
	ABDOMEN					
(OTHERS)				(SEROLOGY)		
	*HERNIA					
	*VARICOSE VEINS					
EXTREMITIES						
SKIN						
(VENEREAL DISEASES)						
- CLINICAL						
- LAB						
	VDRL					
	TPHA					
				PREGNANCY TEST		

CONFIRM IF THE APPLICATION HAS ONE OF THE FOLLOWING:	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. (1)	DEPARTMENT OF HEALTH (2)
AUTHORIZED SIGNATURE :	STAMP OR SEAL OF THE STATE AUTHORITY (COLLEGE OF PHYSICIANS)

SUBMIT TO THE CONSULAR SECTION THREE ORIGINALS COPIES OF THIS MEDICAL REPORT AND TWO COPIES OF ALL RESULTS OF THE MEDICAL TESTS.
DO NOT SUBMIT X-RAYS AS THOSE MUST BE PRESENTED TO THE HEALTH AUTHORITIES IN SAUDI ARABIA ALONG WITH ONE CLEAR COPY OF THIS REPORT AND ALL TEST RESULTS.



سفارة المملكة العربية السعودية

القسم القنصلي في مدينة: _____

Royal Embassy of Saudi Arabia

Consular Section in _____
(city)

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: _____



NOTICE ON SENDING PASSPORT BY MAIL

Include a prepaid return label and envelope (from FedEx, UPS or USPS only) with the return address label filled out completely. A proper prepaid return envelope must include a “PRE-PAID” label. Return envelopes showing only account numbers are no longer accepted as proof of pre-payment. **Credit cards, checks, money orders or cash will not be accepted** for return mailing. Any package without a proper pre-paid return envelope and label will be put on hold until a proper return envelope is received. It is the applicant’s responsibility to determine the EXACT return shipping costs. All labels must have a tracking number, and applicants are advised to keep both incoming and outgoing tracking numbers for their records.



سفارة المملكة العربية السعودية
واشنطن
القسم القنصلي

Royal Embassy of Saudi Arabia
Washington
Consular Section

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

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

Purpose of Travel:	الغاية من السفر:
عمل <input type="checkbox"/> إقامة <input type="checkbox"/> دراسية <input type="checkbox"/> عمرة <input type="checkbox"/> حج <input type="checkbox"/> دبلوماسية <input type="checkbox"/> خاصة <input type="checkbox"/> شخصية <input type="checkbox"/>	Personnel <input type="checkbox"/>
تمديد عودة <input type="checkbox"/> مرور <input type="checkbox"/> سياحة <input type="checkbox"/> تجارية <input type="checkbox"/> رجال اعمال <input type="checkbox"/> حكومية <input type="checkbox"/> زيارة عمل <input type="checkbox"/> زيارة عائلة <input type="checkbox"/>	Family Visit <input type="checkbox"/>
Re-Entry <input type="checkbox"/> Transit <input type="checkbox"/> Tourism <input type="checkbox"/> Commerce <input type="checkbox"/> Businessmen <input type="checkbox"/> Government <input type="checkbox"/> Work Visit <input type="checkbox"/>	مرافق <input type="checkbox"/> أخرى <input type="checkbox"/> Companion <input type="checkbox"/>

Method of Payment:	By enjaz Only	طريقة الدفع:	عن طريق انجاز فقط
Name and Address of Company or Individual invitee in the Kingdom:		اسم وعنوان الشركة أو اسم الشخص الداعي وعنوانه بالمملكة:	

Travel Information:			معلومات السفر
Date of arrival in Saudi Arabia:	Via Airline:	Flight No:	
City of Embarkation:	Port of Entry:		
Duration of Stay in the Kingdom:			

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

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

I, the undersigned, hereby certify that:

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

التاريخ:

التوقيع:

الإسم:

Name:	Signature:	Date:
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TRAVELDOCUMENT.COM

support@traveldocument.com

SERVICE ORDER FORM
PLEASE INCLUDE THIS FORM ALL REQUESTS
FOR PASSPORT AND VISA SERVICES

SPECIAL INSTRUCTIONS

WHAT IS THE U.S. DEPARTURE DATE? DOCUMENTS TO BE RETURNED BY?

/ /
 / /

SHIPPING METHOD:

FED EX - \$25 (WEEKDAY DELIVERY)
 USPS EXPRESS MAIL
 FED EX (SATURDAY DELIVERY)
 USE ENCLOSED AIRBILL (WITH ACCOUNT NUMBER)
 SIGNATURE REQUIRED
 WAIVE SIGNATURE

SENDER'S INFORMATION:

NAME

COMPANY NAME (if applicable)

ADDRESS

CITY STATE ZIP

PHONE

EMAIL

RETURN DELIVERY INFORMATION:

NAME

COMPANY NAME (if applicable)

ADDRESS

CITY STATE ZIP

PHONE

EMAIL

NAME OF APPLICANT(S):

PASSPORT SERVICES

FIRST TIME/ NEW
 PAGES
 AMENDMENTS (e.g. name change, etc)
 RENEWAL
 SECOND PASSPORT
 PASSPORT CARD

PASSPORT PROCESSING SPEED

RUSH APPROXIMATELY 2-3 BUSINESS DAYS
 EXPEDITE APPROXIMATELY 5-6 BUSINESS DAYS
 SUPERSAVER APPROXIMATELY 10-12 BUSINESS DAYS

VISA SERVICES

(which countries?)

TYPE

(Tourist? Business? Transit? Work? etc.)

PROCESSING SPEED

(same day, next day, expedited, or regular)

NUMBER OF ENTRIES

(single, double, multiple)

PAYMENT DETAILS

VISA
 MASTERCARD
 AMERICAN EXPRESS
 DISCOVER
 CHECK / M.O. NUMBER

CARD NUMBER EXPIRATION SECURITY CODE AMOUNT \$

NAME OF CARDHOLDER

IF TOTAL FEE IS UNKNOWN, OR UNDETERMINED, CHECK THIS BOX TO BE CHARGED THE CORRECT FEES UPON COMPLETION OF PROCESSING. A DETAILED, ITEMIZED RECEIPT WILL BE PROVIDED WHEN YOUR DOCUMENTS ARE RETURNED

BY SIGNING THIS FORM, I HEREBY AUTHORIZED TRAVELDOCUMENT.COM TO CHARGE THE AMOUNT REFLECTED ABOVE, AND FOR ANY ADDITIONAL CHARGES, I OR MY AGENT WILL BE INFORMED FOR THE NECESSARY COMPLETION OF PASSPORT, VISA AND DOCUMENT AUTHENTICATION PROCESSING. A CUSTOMER CHARGE SLIP AND RECEIPT WILL BE ISSUED FOR THE ABOVE SERVICE(S).

NOTE: A 3% SURCHARGE WILL BE ADDED TO EMBASSY AND PASSPORT FEES OF A \$100 OR MORE IF USING A PERSONAL CARD. A 5% SURCHARGE OF THE TOTAL WILL BE ASSESSED IF USING A CORPORATE CARD. PLEASE PROVIDE SUPPORTING DOCUMENT IF YOU ARE TAX-EXEMPT.

ALL DOCUMENTS SHOULD BE SENT TO:

TRAVELDOCUMENT.COM
1301 20th ST NW SUITE 111
WASHINGTON DC 20036
 T: (202) 785 3250 | F: (202) 785 3256

CARDHOLDER SIGNATURE

DATE

FED EX, UPS, DHL, OR US POSTAL OVERNIGHT DELIVERY SERVICES ARE RECOMMENDED FOR SENDING PASSPORTS AND OTHER IMPORTANT DOCUMENTS