

Laos Visa Instructions for Asia Transpacific Journeys- Custom Travelers

G3 Visas & Passports
3300 North Fairfax Dr., Ste 220
Arlington, VA 22201
Tel: (888) 883-8472, (703) 276-8472
Fax: (703) 524-3374
Email: ATJ@g3visas.com

Please send the following to G3 Visas & Passports:

1. **Please submit your original valid and signed passport** (The passport must have at least one blank visa page for the visa and must be valid for 6 months from the end of your trip).
2. THREE visa application forms completed and signed.
3. **THREE 2" x 2"** passport size photographs.
4. Non US citizens submit valid I-94 or a copy of your Alien Registration Card.
5. Copy of flight itinerary from Asia Transpacific Journeys.

Please send this sheet with all fields completed; only one is required per family.

Contact and Shipping Information:

(Street Address Only, NO P.O. BOXES)

Name _____

Address _____

City _____

State _____

Zip Code _____

Tel # _____

Fax # _____

Date of Birth _____

Passport # _____

Date Departing US _____/_____/_____

Date Passport Needed _____/_____/_____

Email Address : _____

(We will email you the tracking number when your visas are complete.)

Shipping Fees:

All return shipping fees are included. Your passport will be returned via Federal Express. Federal Express cannot deliver to P.O. Boxes; please provide your home street address or work address.

Fees:

*Payment includes Embassy fee, service fee, and return shipping via Federal Express. **Visas will take three weeks to process.***

One entry with 30 day stay \$ 123.00

This visa is valid for 2 months from the date of issue

Number of Travelers x \$123.00 \$ _____

➤ Please submit an **expedite fee of \$40.00 per traveler** if you require your passport returned **in less than three weeks.**

➤ Consular fees subject to change without notice.

Payment Information:

All fees are payable to G3 Visas by:

- American Express
- Visa/MasterCard
- Check/Money Order

Requirements and fees are subject to change without prior notice.

I authorize G3 Visas to charge the amount of \$ _____

plus a 5% processing fee to my credit card number

Expiration date ____/____/____ Security Code _____

Signature of cardholder _____

Custom Travel (CST) Visa Information 2/2012

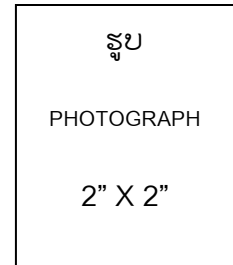
* PLEASE DO NOT SEND YOUR VISA REQUEST UNTIL 60 DAYS BEFORE YOUR ARRIVAL DATE IN LAOS*



Lao People's Democratic Republic
 ສາທາລະນະລັດ ປະຊາທິປະໄຕ ປະຊາຊົນລາວ
 Peace Independence Democracy Unity Prosperity
 ສັນຕິພາບ ເອກະລາດ ປະຊາທິປະໄຕ ເອກະພາບ ວັດຖະນາຖາວອນ

ສະຖານເອກອັກຄະລັດຖະທູດ
 ແຫ່ງ ສປປ ລາວ,ທີ່ ວໍຊິງຕັນດີຊີ
 Embassy of the Lao PDR
 Washington, DC 20008

ຄໍາຮ້ອງຂໍວິຊາ
 APPLICATION FOR VISA



ຊື່:
 FIRST NAME (IN BLOCK LETTER)

ວັນ, ເດືອນ, ປີເກີດ:
 DATE OF BIRTH

ສັນຊາດ:
 NATIONALITY

ໜັງສືຜ່ານແດນໝາຍເລກ:
 PASSPORT No.

ອອກໃຫ້ວັນທີ:
 DATE OF ISSUE

ທີ່ຢູ່ປະຈຸບັນ:
 HOME ADDRESS

ລູກຕິດຕາມທີ່ໃຊ້ໜັງສືຜ່ານແດນດຽວກັນ:
 CHILDREN TRAVELING WITH

THE SAME PASSPORT

ເຫດຜົນຂອງການເດີນທາງ:
 PURPOSE OF THE TRIP

ວັນຈະເຖິງ ສປປ ລາວ:
 DATE OF ARRIVAL IN THE LAO PDR

ດ່ານເຂົ້າເມືອງ:
 PORT OF ENTRY

ຜູ້ຮັບປະກັນຢູ່ ສປປ ລາວ:
 REFERENCE IN THE LAO PDR

ຈຸດເດີນທາງຫລັງຈາກການຢ້ຽມຢາມ ສປປ ລາວ:
 NEXT DESTINATION AFTER YOUR VISIT TO THE LAO PDR

ນາມສະກຸນ :
 FAMILY NAME

ສະຖານທີ່ເກີດ:
 PLACE OF BIRTH

ອາຊີບ:
 OCCUPATION

ອອກໃຫ້ທີ່:
 PLACE OF ISSUE

ໃຊ້ໄດ້ເຖິງ:
 EXPIRATION

ໂທລະສັບ:
 TEL No.

- ຊື່(NAME) ອາຍຸ(AGE).....
- ຊື່(NAME) ອາຍຸ(AGE).....
- ຊື່(NAME) ອາຍຸ(AGE).....

ພາຫະນະການເດີນທາງ:
 MEANS OF TRANSPORTATION

ກຳນົດຢູ່ ສປປ ລາວ:ວັນ
 DURATION OF STAY IN THE LA PDR DAYS

ຊື່(NAME) ໂທລະສັບ(TEL):

ທີ່ຢູ່(ADDRESS):

ວັນທີ: ລາຍເຊັນ.....
 DATE SIGNATURE

ຄໍາເຫັນ ຂອງສະຖານທູດ (OFFICIAL USE ONLY)

ວິຊາເລກທີ:

ລົງວັນທີ: