

INSTRUCTIONS FOR APPLICATIONS

Once you have downloaded the PDF form, save it on your computer. Fill out the PDF form on your computer, save the file, print it out and send it with your paperwork, or email or fax it to us.

If filling out the form on your pc is any problem, you can print it out and complete the form by hand.

Send completed application to:
Travel and Visa
925B Peachtree Street, # 344
Atlanta, GA 30309

Please choose return shipping method: Return Shipping (Per Person)

Return shipping method:

- FedEx 2nd day delivery \$24
- FedEx Standard Overnight \$28
- FedEx Priority Overnight \$33
- FedEx Saturday delivery \$46
- FedEx First Overnight \$67
- Prepaid self-addressed mailer (please no USPS, we can only accept FedEx or UPS prepaid labels), \$7

Along with completed application, please send the following:

- Your Passport, (must be signed, have at least 2 blank designated visa pages, and valid for at least 6 months after the date your visa will expire)
- 1 passport size picture,
- a copy of flight itinerary and proof of hotel booking or a copy of a private invitation with the host's ID or passport scan.
- Payment (include your check or money order). If paying with a credit card please fill out the credit card payment authorization form below.

Total cost of the Visa = Consular Fee + our Services Fee + Shipping Fee

Please keep in mind that processing time is calculated from the next business day following the receipt of your documents. All Visa Processing is in business days, the shipping doesn't count towards your Visa Processing time. Please plan accordingly.

If you have any questions, comments, concerns, please contact us:

Phone: 404-452-7288
Fax: 404-551-5279
E-mail: info@travelandvisa.com



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Atlanta, GA 30309
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CREDIT CARDHOLDER'S AUTHORIZATION FORM

In lieu of my credit card imprint I (name of card holder shown on credit card)

I, _____

hereby authorize Travel and Visa & its agents to charge my:

AMEX VISA MASTERCARD DISCOVER

Card #: _____ Exp. (mm/yy) _____ in the amount of \$ _____

Traveler 1: _____ date of birth (mm/dd/yy) _____

For the following Services (PLEASE SPECIFY):

My billing address: _____

City: _____ State: _____ Zip: _____

My mailing address (if differs from billing): _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____

E-Mail: _____

By signing below, I acknowledge charges described herein. Payment in full to be made when billed or in extended payments in accordance with standard policy of card issuer.

Change and/or Cancellation Policy: Visa & Visa Support fees are non-refundable. In case mistake is made on our part in dates/names, please notify us within 12 hours after receipt of your visa for necessary corrections to be made. If your trip has been postponed or dates are changed, some consulates permit visa correction for a fee.

Please contact us for details.

_____ Date: _____

(Signature of cardholder)



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

FORMULÁRIO DE PEDIDO DE VISTO

VISA APPLICATION FORM - V1

Visto nº

PLEASE TYPE OR PRINT IN BLOCK LETTERS, IN BLUE OR BLACK INK ONLY. ANSWER ITEMS 1 THROUGH 26 (FRONT AND BACK). INCOMPLETE FORMS WILL BE RETURNED. SIGN AND DATE THE FORM.

DADOS PESSOAIS / PERSONAL INFORMATION		
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 <input type="checkbox"/> Feminino/Female <input type="checkbox"/>	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

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**

PARA USO OFICIAL - FOR OFFICIAL USE ONLY			
A - Consulta à SERE _____ Nº. _____		B - Autorização da SERE _____ Nº. _____	
C - Tipo do Visto _____		D - <input type="checkbox"/> Concessão <input type="checkbox"/> Denegação <input type="checkbox"/> Prorrogação	
E - Entradas <input type="checkbox"/> Uma <input type="checkbox"/> 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 NO BRASIL
PLACE AND DATE OF ARRIVAL IN BRAZIL22 - 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 HEREBY DECLARE THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.**NOME /NAME****DATA /DATE DD/MM/YY****ASSINATURA /SIGNATURE**

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