

## The Travel Visa Company

Your Dedicated, Worldwide Travel Visa Agency



### REFERRED BY

i.e. Travel Agent / Tour Operator / Cruise Line / Search Engine / Repeat Customer / Friend / Other

You **MUST** return this front page with your application.

### RETURN ADDRESS

#### The Travel Visa Company Ltd.

Unit 2A, The Courtyard  
Regents Park, London Road  
Nantwich, Cheshire  
CW5 6LW



### SUPPORT

If you have any queries or would like additional assistance when completing your application, please contact us and one of our team would be happy to assist.



Telephone: **01270 904 907**



Email: **[applications@thetravelvisacompany.co.uk](mailto:applications@thetravelvisacompany.co.uk)**

## Unites States of America Business ESTA Application Pack

Thank you for requesting an application pack for an USA Business ESTA.

Please complete the following three sections and then return the application pack and all supporting documents to The Travel Visa Company Ltd.

1. Checklist of the documents required
2. Service and delivery options
3. Address and payment details

### PLEASE NOTE

The ESTA is valid for 2 years allowing stays of up to 90 days at a time into America (U.S.)

Anyone who has travelled to Iraq, Iran, Syria, Sudan, Libya, Somalia or Yemen since 01/03/2011, to Cuba since 01/01/2021, or who are dual nationals of these states, can no longer travel to America (U.S.) under the visa waiver program.

If you have ever been arrested or convicted of any crime you will not be eligible to travel to the USA under the visa waiver program.


If you are not eligible for an ESTA, please contact The Travel Visa Company to discuss your options.

### 1. Checklist of the documents required

✓ Please tick to confirm you have provided the following:

- ☐ **USA BUSINESS ESTA APPLICATION FORM** – Please find attached. It is important to carefully read through all the questions and fully complete all forms in **BLOCK CAPITALS** with a **BLACK PEN**. All application forms **MUST** be printed single-sided. Application forms printed double-sided **WILL NOT** be accepted.

- ☐ **COPY OF PASSPORT** – Please include a copy of the photograph page of your passport. Your passport must be valid for at least 6 months upon return to the UK.
- ☐ **PHOTOGRAPH x1** – The photograph must be passport size, taken within the last 6 months, against a light background, printed on photographic paper, be full face and non-smiling [without sunglasses, a hat/cap or other head covering, unless the applicant wears such items because of their religious belief or ethnic background].


 Failure to provide us with these documents will result in delays with your application.

## 2. Service and delivery options

✓ Please tick to confirm which service and delivery type you are requesting:

	Service Type	Processing Time	Embassy Fee	Service Fee	VAT	Total
<input type="checkbox"/>	Standard	5 days*	£20.00	£20.79	£4.16	<b>£44.95</b>
<input type="checkbox"/>	Priority	3 days*	£20.00	£37.46	£7.49	<b>£64.95</b>

\*Working days excluding postal days.

 If selecting our priority service, please address to “The Travel Visa Company – Priority”.

	Delivery Type	Price
<input type="checkbox"/>	Email Confirmation	-
<input type="checkbox"/>	Provide Pre-Paid Envelope*	-
<input type="checkbox"/>	Posted Confirmation	£5.00
<input type="checkbox"/>	Collect from TVC Office	-

#### DATE OF TRAVEL

DD ..... MM ..... YYYY .....

#### LENGTH OF STAY

..... Days

\*If you provide a pre-paid envelope please ensure it has your return address and the correct postage amount.

### 3. Address and payment details

Name: .....

Address: .....

.....

.....

Postcode: .....

Telephone: .....

Email: .....

#### ☐ Credit/Debit Card

Name on card:

.....

Card Number:

.....

Expiry Date: ..... CVC: .....

#### ☐ Paypal [paypal@thetravelvisacompany.co.uk](mailto:paypal@thetravelvisacompany.co.uk)

#### ☐ Cheque

#### ☐ BACS Reference: .....

#### EMAIL MARKETING (not required)

☐ I would like to sign up to the TVC mailing list.

We do not share your data with any third parties. To view our privacy policy, visit:

[www.thetravelvisacompany.co.uk/privacy](http://www.thetravelvisacompany.co.uk/privacy)

Cheque/BACS payments are to be made payable to "The Travel Visa Company Ltd."

Bank Details: 68032405 / 08-92-50

#### TERMS & CONDITIONS (required)

☐ I have read, fully understood and agree to the Terms & Conditions and Client Declaration.

[www.thetravelvisacompany.co.uk/terms](http://www.thetravelvisacompany.co.uk/terms)

[www.thetravelvisacompany.co.uk/declaration](http://www.thetravelvisacompany.co.uk/declaration)

Signed: ..... Date: .....

Please contact us if you would like to receive a printed copy of these documents.

## Applicant Details

Surname:

 As shown in passport

Given name(s):

 As shown in passport

Gender: ☐ Male ☐ Female

Date of birth:  DD/MM/YYYY

Place of birth:

 Town/City: State/Province: Country:

Nationality:

Country of citizenship:

Are you or have you ever been a citizen of any other country?

☐ Yes ☐ No

**If yes**

Country:

Document type:

Passport/document number:

Expiry date:  DD/MM/YYYY

Passport/document number:

## Parent's Details

Father's surname:

Father's given name(s):

Mother's surname:

Mother's given name(s):

## Employment Details

Are you currently employed?

☐ Yes

☐ No

**If yes**

Job title:

Employer name:

Employer address:

 Street: Town/City: State/Province: Postcode: Country:

Employer phone number:

## Applicant Contact Details

Phone number:  +44

Email address:

Current address:

 Street: Town/City: State/Province: Postcode: Country:

## Passport Details

Passport type: ☐ Regular ☐ Official ☐ Diplomatic

Passport number:

Issuing country:

Issuing authority:

Issue date:  DD/MM/YYYY

Expiry date:  DD/MM/YYYY

## Travel Details

Date of travel:

Name of hotel, cruise ship or inviting person:

Address in the USA:

Street:

Town/City:

State/Province:

Zip code:

## Emergency Contact Details

Surname:

Given name(s):

Phone number:

Email address:

## Traveller Eligibility Questions

<p><b>A</b> Do you have a physical or mental disorder; or are you a drug abuser or addict; or do you currently have any of the following diseases (communicable diseases are specified pursuant to section 361(b) of the Public Health Service Act):*          Cholera / Diphtheria / Tuberculosis, infectious / Plague / Smallpox / Yellow Fever / Viral Hemorrhagic Fevers / Viral Hemorrhagic Fevers / Severe respiratory illnesses?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b>F</b> Are you currently seeking employment in the United States or were you previously employed in the United States without prior permission from the U.S. government?*</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>B</b> Have you ever been arrested or convicted for a crime that resulted in serious damage to property, or serious harm to another person or government authority?*</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b>G</b> Have you ever been denied a U.S. visa you applied for with your current or previous passport, or have you ever been refused or have you ever been refused or withdrawn your application for admission at a U.S. port of entry?*</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>C</b> Have you ever violated any law related to possessing, using, or distributing illegal drugs?*</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b>H</b> Have you ever stayed in the United States longer than the admission period granted to you by the U.S. government?*</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>D</b> Do you seek to engage in or have you ever engaged in terrorist activities, espionage, sabotage, or genocide?*</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b>I</b> Have you travelled to, or been present in Cuba, Iraq, Iran, Syria, Sudan, Libya, Somalia, Yemen or North Korea?*</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>E</b> Have you ever committed fraud or misrepresented yourself or others to obtain, or assist others to obtain, a visa or entry into the United States?*</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b>If yes</b> Country: <input type="text"/></p> <p>Date From: <input type="text" value="MM/YYYY"/></p> <p>Date From: <input type="text" value="MM/YYYY"/></p> <p>Purpose of Travel: <input type="text"/></p>

Please tick to confirm you have read, fully understood and agree to the following:

- ☐ Waiver of Rights: I have read and understand that I hereby waive for the duration of my travel authorisation obtained via ESTA any rights to review or appeal of a U.S. Customs and Border Protection Officer's determination as to my admissibility, or to contest, other than on the basis of an application for asylum, any removal action arising from an application for admission under the Visa Waiver Program. In addition to the above waiver, as a condition of each admission into the United States under the Visa Waiver Program, I agree that the submission of biometric identifiers (including fingerprints and photographs) during processing upon arrival in the United States shall reaffirm my waiver of any rights to review or appeal of a U.S. Customs and Border Protection Officer's determination as to my admissibility, or to contest, other than on the basis of an application for asylum, any removal action.
- ☐ \* Certification: I, the applicant, hereby certify that I have read, or have had read to me, all the questions and statements on this application and understand all the questions and statements on this application. The answers and information furnished in this application are true and correct to the best of my knowledge and belief.

Printed Name (BLOCK CAPITALS):

Date:

..... DD/MM/YYYY