

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**

United States of America Tourist ESTA Application Pack

Thank you for requesting an application pack for an USA Tourist 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 TOURIST 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.

 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	£44.95
<input type="checkbox"/>	Priority	3 days*	£20.00	£37.46	£7.49	£64.95

*Working days excluding postal days.

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

Continued overleaf...

	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

Cheque

BACS Reference:

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

Bank Details: 68032405 / 08-92-50

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

TERMS & CONDITIONS (required)

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

www.thetravelvisacompany.co.uk/terms

www.thetravelvisacompany.co.uk/declaration

Signed: Date:

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

Applicant Details

Passport Number:

Nationality:

Date of Birth: DD/MM/YYYY

Sex: Male Female

Country of Citizenship:

Country of Birth:

City of Birth:

Passport Issue Date: DD/MM/YYYY

Passport Expiry Date: DD/MM/YYYY

Surname: AS SHOWN IN PASSPORT

Given Names: AS SHOWN IN PASSPORT

Other names/aliases:

Employer:

Job Title:

Address:

Telephone No:

Parents: Surname: Given Names:

Have you ever been a citizen of any other country? Yes No

If yes Country:

Document type:

ID/Passport No:

Expiry Date: DD/MM/YYYY

How did you acquire citizenship?

Contact Details

Telephone No:

Email:

Address in the UK:

COUNTRY POSTCODE

Emergency Contact Information

Surname:

Given Names:

Telephone No:

Email:

Traveller Eligibility Questions

A 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 / Severe respiratory illnesses?
 Yes No

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?*

Yes No

C Have you ever violated any law related to possessing, using, or distributing illegal drugs?*

Yes No

D Do you seek to engage in or have you ever engaged in terrorist activities, espionage, sabotage, or genocide?*

Yes No

E 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?*

Yes No

F 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?*

Yes No

G 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 withdrawn your application for admission at a U.S. port of entry?*

Yes No

H Have you ever stayed in the United States longer than the admission period granted to you by the U.S. government?*

Yes No

I Have you travelled to, or been present in Cuba, Iraq, Iran, Syria, Sudan, Libya, Somalia, Yemen or North Korea?*

Yes No

If yes Country:

Date From: MM/YYYY

Date From: MM/YYYY

Purpose of Travel:

Travel Plans

Date of travel: DD/MM/YYYY

US Point of Contact:

Address in the USA:

Telephone No:

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