

TRAVEL VISA PRO ORDER FORM

Call us for assistance – 866-378-1722 Fax – 866-511-7599 www.TravelVisaPro.com info@TravelVisaPro.com

How to fill out Brazil Visa application form online:

For Concierge
BRAZIL VISA APPLICATION
SERVICE*
go to the pages #2-4

For free DO-IT-YOURSELF filling online Brazil Visa app, starting on page #5

*-35\$ per application fee will apply



TRAVEL VISA PRO ORDER FORM

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BRAZIL VISA APPLICATION CONCIERGE SERVICE*

Travel Visa Pro will review your documents and prepare application for you to sign within three hours from receipt of your forms. Requests received outside business hours (5AM PST – 5PM PST Monday-Friday) will be completed the following business morning..

DO NOT MAIL YOUR HANDWRITTEN APPLICATION:

Wait until you receive your completed digital Brazil Visa application (click to see the sample: http://www.travelvisapro.com/pdf_templates/brazil_visa_digital_sample.pdf).

Please print it, **SIGN IT** and then mail to Travel Visa Pro with the rest of the documents.

To engage in this service, please:

Step: #1 – Complete the following 3 (THREE) pages to sign up

Step: #2 – Make a copy of your passport vital pages (signature and photo page)

Step: #3 – Email to info@travelvisapro.com or fax to 1-866-511-7599 the following FOUR pages:

- a) Copy of this payment (see below)
- b) Copy of your passport
- c) Copy of handwritten application (2pages)

*-If you do not wish to sign up for \$35 concierge service, please do application yourself on Brazilian Government website click here:
https://scedv.serpro.gov.br/frscedv/index_isp and mail us signed corresponding protocol receipt along with the rest of the paperwork.

DATE VISA MUST BE RETURNED:

PLEASE RETURN THE COMPLETED FORM FOR ME TO SIGN VIA:

EMAIL:

FAX:

PAYMENT METHOD FOR APPLICABLE FEES:

\$35.00 per application * _____ (# of applications) = ______ (grand total)

Please add \$25 for FedEx Priority Overnight shipping label from me to Travel Visa Pro. Will be emailed to you.

I hereby authorize Travel & Visa Pro to charge the cost of its professional visa and passport services to the following card. I agree to pay this amount to my credit card company and agree to terms and conditions. I understand that requirements, fees, and processing times are subjet to change without prior notice and all fees are non-refundable.

Name on Card:

Signature:

Credit Card #:_____ Expiration Date: ____ / ___ Security Code: ____

In San Francisco: 2021 Fillmore St San Francisco, CA 94115 Local: (415) 229-3210 info@trayelyisapro.com

In Washington DC: 1802 Vernon St NW Washington, DC 20009 Local: (202) 684 7150 dc@travelvisapro.com

Shipping Address is the same as billing address

Billing Address: _____

Shipping Address: _____

Please bill the remainder of the charges to my card on file.

In New York: 167 Madison Ave., Ste 201 New York, NY 10016 Local: (212) 380 7866 nv@travelvisapro.com In Houston, TX:
3401 Louisiana St, Ste 130
Houston, TX 77002
Local: (713) 936 0773
houston@travelvisapro.com

In Los Angeles: 373 S Doheny Dr, Ste B Beverly Hills, CA 90211 Local: (310) 878 2590 In Seattle: 600 First Ave, Ste 425 Seattle, WA 98104 Local: (206) 855-5185 seattle@travelvisapro.com



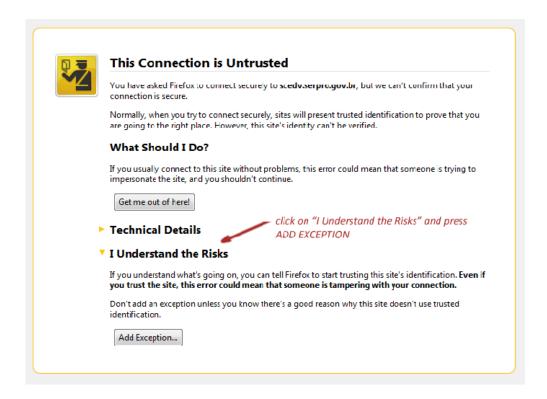
www.TravelVisaPro.com

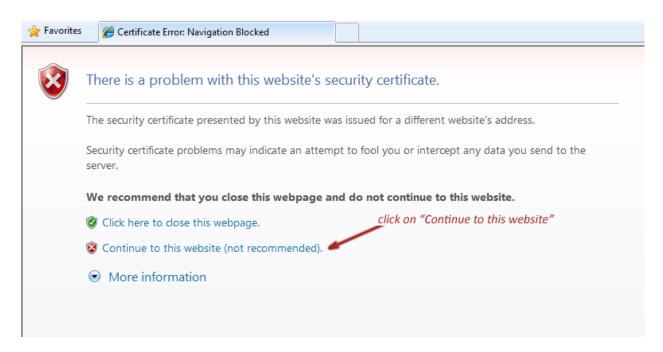
Brazil Visa Concierge Form

<u>1. Passport Information</u>	
Surname: Firs	st and middle names:
Place of birth (City, State, Country):	
Sex: □ Male □ Female	Date of Birth:/
Current Nationality:	Previous Nationality:
Passport number:	
Issue Date://	Expiry Date:/
Place of issue:	
2. Travel Information:	
Purpose of Visit:	
□ Tourism □ Business □ Other:	
Date of entry://	
Duration of stay: days	
Address of stay in Brazil:	
Name of hotel, contact or company in Bra	azil:
Have you ever been to Brazil before? Y	′es □ No
If yes, provide details as to when, where	and why you were there:
3. Personal Information:	
Home Address:	
Home Phone:	
Email Address:	
Marital Status: □ Married □ Single	
Occupation:	_
Current employer:	
Business address:	
Business phone:	

How to fill out the application form a VISA STEP BY STEP

- 1. Click on the following link: https://scedv.serpro.gov.br
- 2. If your browser gives you an error, click on continue anyway (see examples):





3. Select "VISA REQUEST"



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4. Read the instructions and click "NEXT" to proceed to the next step



Documentos de viageni

VISA REQUEST FORM

FORM INSTRUCTIONS	GENERAL DATA	DOCUMENTS	OCCUPATION	ADDRESSES				
FORM INSTRUCTIONS								
Read before filling the form								
 To reduce the processing time of your request please give very detailed information. The form must be completed and signed by the applicant, and the original documentation required must be presented in person at the consulate under which jurisdiction you are 30(thirty) days following its completion. 								
STEPS:	STEPS:							
1. Fill in the spaces. 2. Click "SEND" to receive your processing number and the form (RER). 3. Print the form. 4. Attach your picture.								
PHOTOGRAPH SPECIF	ICATIONS							
- The picture must be taken against an off-white plain background The applicant's face and shoulders must be centralized on the camera and he or she must be looking into the camera No reflections, shadows or plares are accepted in the picture.								
- The length from the bottom of chin to the top of the head must be between 31 and 36mm (millimetres) in heigth The facial expression must be neutral.								
- The eyes must be open and clearly visible Glasses should not reflect any light. Neither sunglasses nor colorful frames are acceptable (no sunglasses or colored lens accepted).								
 No head covering, excepting the ones used for religious reasons as long as they still enable the perfect visibility of the applicant's face. Children carrying toys, with pacifier or showing the hands of the adult holding them will not be accepted. 								
<u>Samples.pdf</u>								
NEXT								

5. **GENERAL DATA**: **ALL fields must be filled out,** not only those marked with an asterisk. Incomplete forms will be returned;

The information provided by the applicant is used for issuing the VISA: Be very careful when filling out the visa application form. Click "NEXT" to proceed to the next step



Ministério das Relações Exteriores Sistema de Controle e Emissão de Documentos de Viagem

VISA REQUEST FORM

FORM INSTRUCTIONS	GENERAL DATA		DOCUMENTS	OCCUPATION		ADDRESSES			
DATA									
MAIN PURPOSE OF YOUR TRIP		TOURISM				+			
APPLICANT									
FIRST NAME		JANE							
MIDDLE NAME									
LAST NAME		SMITH	SMITH						
SEX		FEMALE 🔻							
MARITAL STATUS		MARRIED	-						
BIRTH DATE (dd/mm/yyyy	·)	04/06/1975	#						
			PREVIOUS NA	MES					
PREVIOUS NAME									
REASON FOR CHANGES		SELECT	▼ ADD						
			PLACE OF BI	RTH					
CITY		LOS ANGELES							
STATE/PROVINCE/etc.		CALIFORNIA							
COUNTRY		UNITED STATE	S		-				
NATIONALITY									
NATIONALITY		UNITED STATE	S		•				
OTHER NATIONALITIES		SELECT			¥ _/	ADD			
PARENTS									
MOTHER'S FULL NAME		MARCHELINE S	SMITH			UNKNOWN			
FATHER'S FULL NAME		JON SMITH				UNKNOWN			
BACK NEXT									

<u>Home</u>

6. DOCUMENTS: All fields must be filled out, click "NEXT" to proceed to the next step



7. OCCUPATION: All fields must be filled out, then click "NEXT" to proceed to the next step



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VISA REQUEST FORM

FORM INSTRUCTIONS	GENERAL DATA	DOCUMENTS	OCCUPATION	ADDRESSES				
PROFESSION								
PROFESSION	ROFESSION ACTRESS							
EMPLOYER'S ADDRESS								
NAME OF EMPLOYER/COLLE	EGE/SCHOOL	COMPANY						
ADDRESS		5800 WEST SUNSE						
CITY		LOS ANGELES						
STATE/PROVINCE/etc.		CA						
COUNTRY		UNITED STATES	•					
ZIP CODE		90028						
PHONE NUMBER		3235555500						
E-MAIL		YOUR@EMAIL.COM						
BACK NEXT								

Home

- 8. ADDRESS: ALL fields must be filled out. The item "CONTACT IN BRAZIL" is mandatory
- 9. Repeat the code shown on the yellow box on the left
- 10. Click "SUBMIT" to continue



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Versão:v2.6.3

VISA REQUEST FORM

FORM INSTRUCTIONS	GENERAL DATA	DOCUME	OCCUPATION				ADDRESS	ES	
PERMANENT RESIDENTIAL ADDRESS									
ADDRESS			5800 WEST SUNSET BOULEVARD						
CITY			LOS ANGELES						
STATE/PROVINCE/etc.			CA						
COUNTRY			UNITED STATES .						
ZIP CODE			90028						
PHONE NUMBER			3235555500						
E-MAIL			YOUR	@EMAII	L.COM				
CURRENT ADDRESS									
ADDRESS			5800 W	EST SU	UNSET	BOULEVA	RD		
CITY			LOS A	NGELES	S				
STATE/PROVINCE/etc.			CA						
COUNTRY			UNITE	D STAT	TES				~
ZIP CODE			90028						
PHONE NUMBER			323555	5500					
		CONTA	CT IN BE	RAZIL					
NAME/HOTEL			ANTO	VIO BAN	NDERAS	3			
ADDRESS			R. MAF	RTINIAN	ODE C	ARVALHO)		
CITY			SAO P	AULO					
STATE/PROVINCE/etc.			SP	-					
COUNTRY			BRAZIL						
ZIP CODE			01321-	001					
PHONE NUMBER			113284	7509					
E-MAIL			CONTACT@EMAIL.COM						
ESTIMATED DATE OF ARRIV	/AL (dd/mm/yyyy)		03/08/2	011	₩.				
LENGTH OF STAY			14	DA	YS [-			
HAVE YOU EVER BEEN TO B	RAZIL?		NO	•					
1G26DD		ICK HERE.	1G26D	DL	Е ТЕХТВО	OX WITH TH	HE CODE SHO	OWN IN LEF	т вох.
		BACK	SU	BMIT					

11. Take a note of the "Your code number is", you will need that to check your visa status



Ministério das Relações Exteriores Sistema de Controle e Emissão de Documentos de Viagem

Versão:v2.6

- It is strongly recommended the printing of this form to be presented at the Consulate of your jurisdiction.
- The presentation of this printed form will facilitate the process.
- Affix your picture to the receipt and sign it.
- This form is valid only for the next 30 (thirty) days.
- Should the printing not be possible, write down the code number shown below and present it at the Consulate along with one picture.

take note of this number



click "YES" to print the receipt

- 12. Click "YES" to print the receipt (document example is on the next page)
- 13. Attach your photo and sign
- 14. This will be the actual visa form, attached the picture and signed. Once you have this protocol filled out, you will enclose it with all the other requirements for a visa and send it to TRAVEL VISA PRO



MINISTÉRIO DAS RELAÇÕES EXTERIORES - MRE

RECIBO DE ENTREGA DE REQUERIMENTO - RER

PROTOCOLO NÚMERO: 100810-002277

(APPLICATION NUMBER)

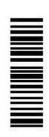
DATA DE VALIDADE: 09/09/2010

(DATE OF EXPIRY - DD/MM/YYYY)









DOCUMENTO SOLICITADO: VISTO DE TURISTA (DOCUMENT)

NOME COMPLETO: JANE SMITH

(FULL NAME)

SEXO: FEMININO

(SEX)

(COUNTRY OF NATIONALITY)

PAÍS DE NASCIMENTO: ESTADOS UNIDOS

DATA DE NASCIMENTO: 12/24/1977

(DATE OF BIRTH - DD/MM/YYYY)

LOCAL DE NASCIMENTO: USA

(PLACE OF BIRTH)



ASSINATURA REQUERENTE / RESPONSÁVEL (SIGNATURE OF APPLICANT)

NOME DO CONTATO: Write/type your name

write/type best number to reach you

Recibo expedido em 18/08/2010 às 18:29:14

PROTOCOLO NÚMERO: 100810-002277 (APPLICATION NUMBER)