### CHINESE CREW VISA SHIPPING CHECKLIST

### MAIL THE DOCUMENTS LISTED BELOW TO:

AMERICAN VISA SERVICE ATTN.: VALENTINA MEEHAN 44081 PIPELINE PLAZA, SUITE 210 ASHBURN VA 20147

ORIGINAL PASSPORT (your passport must be valid for more than 1 yr)
<b>ONE PHOTO</b> (physical photo 2"x2" in size can be taken at any CVS, Walgreens, etc. Must be recently taken in the last 3-6 months, no glasses, no smiling, must be on white background, hair cannot cover your face especially your forehead. If you have bangs, you must move them off your forehead).
ONE VISA APPLICATION FORM (4 PAGES)- all fields must be filled out including, work history, education & family. You must include an accurate list of countries you have traveled to in the past 5 years. Look at the stamps in your passport and list those countries on page 4 in "TRAVEL HISTORY" section. Inaccurate list can result in request for additional documents from the consulate and longer processing times.
ONE WHERE YOU STAY FORM WITH APPLICANT'S ORIGINAL SIGNATURE
ONE AVS ORDER FORM- you must fill out shipping and contact information sections
COPY OF CREW ID (FRONT & BACK)- in black & white or color. Your crew ID must be valid. Your crew number must be clearly visible in the back. If your number is smudged, request a re-printed ID from United prior to mailing your paperwork.
COPY OF DRIVER'S LICENSE (FRONT & BACK)- in black & white or color.
COPY OF MOST RECENT CHINA CREW VISA (IF PREVIOUS VISA IS IN THE OLD PASSPORT, INCLUDE A COPY OF THE OLD PASSPORT. IF PREVIOUS VISA IS STILL VALID, INCLUDE ORIGINAL PREVIOUS PASSPORT IN THE PACKAGE)
FORMER CITIZENS OF CHINA, TAIWAN & HONG KONG- if the country of birth on your US passpor
reads as "China", "Taiwan" or "Hong Kong", please email the spelling of your Chinese name to info@avschicago.com. If this is your first time applying for a Chinese visa, you must include your original Chinese, Taiwanese or Hong Kong passport (it will be returned to you once your visa is issued).
NON-US CITIZENS- include copy of the green card (front & back)
RESIDENTS OF STATES OF NORTHERN CA, OR, WA, NV, AK- include copy of most recent utility bil (gas, water or electric), cell phone bill or rental agreement
RESIDENTS OF STATES OF SOUTHERN CA, AZ, HI, NM, PACIFIC ISLANDS- if your country of birth is other than USA, include a copy of your Naturalization Certificate OR a copy of your Certificate of Birth Abroad. Your name in native alphabet must be emailed to valentina@avschicago.com
DUAL CITIZENS- if you currently have two nationalities including USA, include copy of the passport of your 2nd

PPlease make sure to include <u>ALL</u> applicable documents listed above or processing of your application can be delayed. For general processing times, please refer to our website.

## CHINA VISA APPLICATION FORM FOR CREW MEMBERS

APPLICANT'S DETAILS										
First Name:	Middle Name: Last Name:			lame:						
Full Name in Native Alphabet:										
Other Names:		Occupation (	job title	e):			A	Annual Inco	me:	
Date of Birth:	Gender:	Male	Female	e	Marit	al Status: S	Single	Married	Divorced	Widowed
City of Birth:	State of Birth	n:				Country o	of Birth	n:		
Nationality:		Driver's License	river's License #:							
Do you hold any other nationality	:	Yes N	o I	f yes, lis	t addit	ional nation	nality:			
Do you have permanent residence	y in another co	ountry? Yes N	o I	f yes, lis	count	try:				
Have you ever held any other nat	ionality:	Yes N	o I	f yes, lis	count	try:				
PASSPORT DETAILS										
Passport Number:		Date of Issue:						Date of Exp	iration:	
Issuing Authority:		Issuing Country	<u>':</u>							
Is your current passport a replace	ment for a los	t or stolen passp	ort?	Yes	No	(check las	t page	of your pas	sport)	
If yes, provide details of the lost p	assport below	(if not available	, provi	de letter	of exp	lanation wh	hy you	ı do not ha	ve details)	
Lost Passport Number:	Issuing Authority:			1	ssuing Cou	ntry:				
What date was your passport lost	:	How did you los	se your	passpo	t:					
Did you have any visas to China in	the lost passp	oort? Yes	No							
If yes, provide details of the previ	ous visa (if not	available, provi	de lette	er of exp	lanatic	on that you	did no	ot keep a co	ppy of the	visa)
Previous Visa Number:		Date of Issue: Place			lace o	f Issue:				
PURPOSE OF VISIT TO CHIN	Α									
Type of Visa:		Processing speed: Regular			Rı	Rush				
Desired Visa Validity (in months):	Desired Duration of Stay (in days):									
•										
WORK EXPERIENCE										
Current Employer:										
Date Started (mm/dd/yyyy):				Date Ended (mm/dd/yyyy):						
Company Name:				Company Address:						
Phone Number: Your Job Tit				Your Job Duties:						
Supervisor's Name:				Supervisor's Phone Number:						

Previous Employer (include only if you have been with United for less than 10years):							
Date Started (mm/dd/yyyy):			Date Ended (mm/dd/yyyy):				
Company Name:			Company Address:				
Phone Number:	Your Job Title	:			Your Job Duties:		
Supervisor's Name:			Supervisor's Phone Nur	nber:			
EDUCATIONAL HISTORY							
COLLEGE OR UNIVERSITY YOU GRADUATED FRO	OM						
Name of College/University:			Address:				
From (mm/dd/yyyy):			To (mm/dd/yyyy):				
Degree Received: Undergraduate Gradua	ite		Major:				
COLLEGE OR UNIVERSITY YOU GRADUATED FRO	ОМ						
Name of College/University:			Address:				
From (mm/dd/yyyy):			To (mm/dd/yyyy):				
Degree received: Undergraduate Gradua	te		Major:				
HIGH SCHOOL YOU GRADUATED FROM (yes, thi	s is required)						
Name of High School:			Address:				
From (mm/dd/yyyy):			To (mm/dd/yyyy):				
What languages do you speak?							
CURRENT RESIDENCE							
Address (same as on your driver's license or utili	ty bill):						
Home Phone:	Cell Phone:			E-ma	il:		
FAMILY INFORMATION							
SPOUSE'S INFORMATION (ONLY IF CURRENTLY	MARRIED)						
First Name:	Last Name:	Date of		of Birth:			
Current Nationality:	City of Birth:			Coun	try of Birth:		
Occupation: Current Address:							
FATHER'S INFORMATION (IF DECEASED, WRITE "N/A")							
First Name: Last Name:				Date	of Birth:		
Current Nationality: Occupation:							
Current Address:							

MOTHER'S INFORMATION (IF DECEASED, WRITE "N/A")									
First Name:		Last Name: Date of Birth:							
Current Nationality:		Occupation:							
Current Address:									
CHILD 1 INFORMATION (IF NONE	CHILD 1 INFORMATION (IF NONE, WRITE "N/A")								
First name:		Last name:		Date of	birth:				
Current Nationality:		Occupation:							
Current Address:									
CHILD 2 INFORMATION (IF NONE, WRITE "N/A")									
First name:		Last name:		Date of birth:					
Current Nationality:		Occupation:							
Current Address:									
CHILD 3 INFORMATION (IF NONE	, WRITE "N/A	")		1					
First name:		Last name:		Date of	Birth:				
Current Nationality:		Occupation:							
Current Address:									
CHILD 4 INFORMATION (IF NONE	, WRITE "N/A	")							
First Name:		Last Name:		Date of	Birth:				
Current Nationality:		Occupation:							
Current Address:									
Are any of your relatives in China	a? Yes	No							
If yes, list: Name:		Relation to you:							
Status in China: Citizen	Permane	nt Resident Re	esident Stay						
INFORMATION ABOUT YOUR TRIP									
Date of arrival (mm/dd/yyyy):			Date of Departure (mm/	/dd/yyyy):					
City of Arrival:		City of Departure:							
Address of stay:									
EMERGENCY CONTACT:									
First name:		Last name:		Relation to you:					
Phone Number:		E-mail:							
Country: State:			City: Zip code:						

WHO WILL PAY FOR THIS TE	RIP?						
Self Organization		Organization	Other				
Name:			Relation to You:				
Phone Number:			E-mail:				
Address:							
naaress.							
TYPE OF SPONSOR:							
INDIVIDUAL			ORGANIZATION				
Name of individual or organizatio	n:		Relationship to the ap	oplicant:			
Phone number:	···		City, State & Zip code				
Thore number.			City, State & Zip code	от эропзот.			
TRAVEL HISTORY:							
Have you been to China in the las	t 3 vears?	No Yes (If ye	s, please list your last 3 tri	ips below to n	nainland China, <b>not</b> HK or Taiwan)		
City:	<b>,</b>	Date of Arrival:			Departure:		
City:		Date of Arrival:		Date of Departure:			
City:		Date of Arrival:		Date of Departure:			
Have you been issued a Chinese v	isa?		s, please include details				
Type of Visa:	Visa Numbei		Date of Issue: Place of Issue:				
Have you ever been fingerprinted							
Have you ever been issued a Chin				If yes, list pe	ermit number:		
Do you currently hold any valid vi		-		if yes, list co			
List countries you have traveled				•			
·	•	•					
OTHER INFORMATION (if you	u answer "ves	s" to any of the guest	tions, please provide e	xplanation o	on separate sheet of paper)		
Have you ever been refused a visa			· • • • • • • • • • • • • • • • • • • •	Yes	No No		
Has your Chinese visa ever been o	ancelled?			Yes	No		
Have you ever entered China illeg	ed, or worked illegally	/?	Yes	No			
Do you have any criminal record in China or any other country?					No		
Do you have any serious mental disorder or infectious disease?					No		
Have you ever visited countries or	? Yes	No					
Have you ever been trained or do	Yes						
explosives, nuclear devices, biological or chemical products?  Are you serving or have you ever served in the military?					No		
	Yes	No					
Have you served or participated in forces or armed organizations, or	• -	n anneu units, guerrina	Yes	No			
Have you belonged to, contributed to, or worked for any professional, social, or charitable							
organizations?	Yes	No					
Is there anything else you want to	Yes	No					

# Where You Stay Form

Dear vis	sa applican	t,	
If you n	eed to app	ly for a Chine	ese visa in our Embassy, you MUST be
the US	now. If cu	rrently you a	re NOT IN the US, your visa application
will not	be process	sed.	
Please t	ick and fill	in the place y	you are currently in.
	_	m currently in	the US.
	_ No, I an	n currently no	ot in the US.
I am in			(name of the Country/Region).
Please s	sign your na	ame,	
Date,	мм	DD	YYYY

### **AMERICAN VISA SERVICE**

### 44081 Pipeline Plaza, Ste 210 Ashburn VA 20147



Tel: 312-922-8860 E-mail: info@avschicago.com

### **AVS Order Form**

101. 312-722-0000 E-man. III	o avacincago.com			7110 01401 1 01111		
		Applicant Infor	mation			
Traveler One (1):						
First Name:		Last Name:		DOB:		
Traveler Two (2):						
First Name:		Last Name:		DOB:		
Traveler Three (3):						
First Name:		Last Name:	Last Name:			
		Requested (check				
US Passport Services:	New Renew	val 2 <sup>nd</sup> Passpoi	rt Name Change L	Lost Passport Card		
	☐ Tourist ☐	Business	Employment F	Residence Family Visit		
Visa Services:	)(					
Type of Visa (entries):	☐ Single ☐	Double	J Multiple ☐ I	Not Sure		
Country/Countries:			Processing Speed Reques	sted:		
Date of Departure from USA:			Date Needed in Your Har	nds:		
			your passport back)			
Shipping Method:	FedEx Overnight	FedEx 2 Da	y Use My Label/FedEx	x Account #:		
	Company:		Name:			
Shipping Address:	Street Address:					
(no PO BOX)	City:		Zip Code:			
	E-mail:		Phone Number:	•		
Contact Information (for	questions, status upo	dates, additional r	equests, etc)- this is NO	T your emergency contact		
Name:		Relationship	to Applicant:			
Phone #:		E-mail:				
		<b>I</b>				
		Payment Informa				
Form of Payment	Check (company)	U Visa U N	MasterCard AMEX L			
	Card Number:		Exp. Date:	CVV Code:		
Credit Card Info:	Cardholder's Name:					
Authorization to Change	Billing Zip Code:					
Authorization to Charge:	Signature:		Date:	Amount: \$		
				and are subject to change without notice.  ocuments resulting from the actions of the		
Passport Agency, any Embassies, FedEx				ils from AVS with important updates and		
announcements.						