### **CHINESE CREW VISA SHIPPING CHECKLIST**

#### MAIL THE DOCUMENTS LISTED BELOW TO:

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

\*Print everything single- sided

ORIGINAL PASSPORT (your passport must be valid for more than 1yr. Do <u>not</u> use 2nd passport)
ONE PHOTO (Provide a physical photo OR can be taken digitally with a cell phone. Make sure to stand against a light-colored smooth wall and your shoulders must be fully visible in the photo. No glasses, no smiling. Make sure hair is moved away from the face and <u>foreheard is clearly visible</u> . E-mail it to <u>INFO@AVSCHICAGO.COM</u> in " <u>actual size</u> " and we'll re-size, crop and print it out for you)
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 12 months. 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, contact & payment information sections
COPY OF CREW ID (FRONT & BACK) in black & white or color. 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 a copy of your green card (front & back)
RESIDENTS OF STATES OF NORTHERN CA, OR, WA, NV, AK- include copy of most recent utility bill (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 info@avschicago.com
<u>DUAL CITIZENS</u> - if you currently have two nationalities including USA, include copy of the passport of your 2nd nationality. For residents of Chicago consulate jurisdiction, copy of naturalization certificate AND original foreign passport will be required.

Please 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

First Name:			Last Name:					
	<u> </u>							
	Occupation (j	ob title	e):					
Gender:	Male	Female	e	Marita	ıl Status: Sir	ngle Married	Divorced	Widowed
State of Birth	:				Country of	Birth:		
	Driver's License	#:						
	Yes No	0 I	If yes, lis	t additi	onal nationa	lity:		
in another co	ountry? Yes No	o I	If yes, list	t count	ry:			
onality:	Yes No	o I	If yes, list	t count	ry:			
	Date of Issue:					Date of Exp	iration:	
	Issuing Country	:						
ment for a los	t or stolen passp	ort?	Yes	No	(check last p	page of your pas	ssport)	
assport below	(if not available	, provi	de letter	of expl	anation why	you do not ha	ve details)	
	Issuing Authorit	ty: Issuing Country:						
	How did you los	se your	r passpo	rt:				
the lost passp	ort? Yes	No						
ous visa (if not	available, provi	de lette	er of exp	lanatio	n that you di	d not keep a c	opy of the v	visa)
	Date of Issue:	Place of Issue:						
4								
		Proce	essing sp	eed:	Regular	Rush		
Desired Visa Validity (in months):				Desired Duration of Stay (in days):				
WORK EXPERIENCE								
Current Employer:								
Date Started (mm/dd/yyyy):								
Company Name:					Company Address:			
Phone Number: Your Job Titl						Your Job D	uties:	
Supervisor's Name:				Supervisor's Phone Number:				
	in another conality:  nent for a loss assport below the lost passpus visa (if not	Gender: Male  State of Birth:  Priver's License  Yes Note in another country? Yes in anothe	Occupation (job titl  Gender: Male Femal  State of Birth:  Process  Driver's License #:  Yes No  in another country? Yes No  Date of Issue:  Issuing Country:  Issuing Country:  Issuing Authority:  How did you lose you  the lost passport? Yes No  us visa (if not available, provide lett  Date of Issue:  Process  Desir	Occupation (job title):  Gender: Male Female  State of Birth:  Yes No If yes, lissing another country? Yes No If yes, lissing another country? Yes No If yes, lissing Country:  Issuing Country:  Inent for a lost or stolen passport? Yes assport below (if not available, provide letter Issuing Authority:  How did you lose your passpoothe lost passport? Yes No us visa (if not available, provide letter of exp Date of Issue:  Processing sp Desired Durate  Your Job Title:	Occupation (job title):  Gender: Male Female Marita State of Birth:  Yes No If yes, list addition another country? Yes No If yes, list country anality: Yes No If yes, list country and yes, list and yes	Occupation (job title):  Gender: Male Female Marital Status: Sir State of Birth: Country of  Driver's License #:  Yes No If yes, list additional national in another country? Yes No If yes, list country:  Date of Issue:  Issuing Country:  Issuing Country:  Inent for a lost or stolen passport? Yes No (check last passport below (if not available, provide letter of explanation why Issuing Authority:  How did you lose your passport:  the lost passport? Yes No  us visa (if not available, provide letter of explanation that you did  Date of Issue:  Processing speed: Regular  Desired Duration of Stay (in days)  Company Address:  Your Job Title:	Occupation (job title):  Gender: Male Female Marital Status: Single Married State of Birth: Country of Birth:  Priver's License #:  Yes No If yes, list additional nationality: in another country? Yes No If yes, list country:  Date of Issue: Date of Exp.  Issuing Country:  Date of Issue: Date of Exp.  Issuing Country: Issuing Country:  Date of Issue: Date of Exp.  Issuing Authority: Issuing Country:  How did you lose your passport:  the lost passport? Yes No  us visa (if not available, provide letter of explanation that you did not keep a country is place of Issue:  Processing speed: Regular Rush  Date of Issue: Place of Issue:  Company Address:  Your Job Title: Your Job Do	Occupation (job title):  Gender: Male Female Marital Status: Single Married Divorced State of Birth:  Driver's License #:  Yes No If yes, list additional nationality: in another country? Yes No If yes, list country:  Date of Issue: Date of Expiration: Issuing Country:  Issuing Country:  Issuing Country: Issuing Country:  Issuing Authority: Issuing Country:  How did you lose your passport:  the lost passport? Yes No  us visa (if not available, provide letter of explanation that you did not keep a copy of the visual pate of Issue:  Date of Issue: Place of Issue:  Processing speed: Regular Rush Desired Duration of Stay (in days):  Company Address:  Your Job Duties:

Previous Employer (include only if you have be	en with United	for les	ss than 10years):			
Date Started (mm/dd/yyyy):			Date Ended (mm/dd/yyyy):			
Company Name: Cor			oany Address:			
Phone Number:	Your Job Title	:			Your Job Duties:	
Supervisor's Name:			Supervisor's Phone Nu	mber	:	
EDUCATIONAL HISTORY						
COLLEGE OR UNIVERSITY YOU GRADUATED FRO	ОМ					
Name of College/University:			Address:			
From (mm/dd/yyyy):			To (mm/dd/yyyy):			
Degree Received: Undergraduate Gradua	ate		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, th	is is required)		I			
Name of High School:			Address:			
From (mm/dd/yyyy):	From (mm/dd/yyyy):  To (mm/dd/yyyy):					
What languages do you speak?						
CURRENT RESIDENCE						
Address (same as on your driver's license or util	ity bill):		<u>,                                      </u>			
Home Phone:	Cell Phone:		E-mail:			
FAMILY INFORMATION						
SPOUSE'S INFORMATION (ONLY IF CURRENTLY MARRIED)						
First Name:	Name: Last Name: Date of Birth:				of Birth:	
Current Nationality:	City of Birth: Country of Birth:			itry of Birth:		
Occupation: Current Address:						
FATHER'S INFORMATION (IF DECEASED, WRITE "N/A")						
First Name: Last Name: Date of Birth:			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:	Occupation:				
Current Address:							
CHILD 1 INFORMATION (IF NONE	, WRITE "N/A	")		1			
First name:		Last name:		Date of	birth:		
Current Nationality:		Occupation:					
Current Address:							
CHILD 2 INFORMATION (IF NONE	, WRITE "N/A	")		1			
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:			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		Oth	er		
Name:			Relation to You:				
Phone Number:			E-mail:				
Address:			l				
naaress.							
TYPE OF SPONSOR:							
INDIVIDUAL			ORGANIZATION				
Name of individual or organizatio	n:		Relationship to the a	applicant:			
Phone number:	···		City, State & Zip cod				
Thore number.			City, State & Zip coa	c or sportsor	•		
TRAVEL HISTORY:							
Have you been to China in the las	t 3 vears?	No Yes (If ye	s, please list your last 3 t	trips below to	mainland China, <b>not</b> HK or Taiwan)		
City:	<b>,</b>	Date of Arrival:		Date of	Date of Departure:		
City:		Date of Arrival:		Date of	Date of Departure:		
City:		Date of Arrival: Date of Departure:					
Have you been issued a Chinese v	isa?	1	s, please include detai	•	Departure.		
Type of Visa:	Visa Numbei		Date of Issue:	13 5010447	Place of Issue:		
··					Flace of issue.		
Have you ever been fingerprinted				.6			
Have you ever been issued a Chin			Yes No		ermit number:		
Do you currently hold any valid vi	sas issued by	other countries?	Yes No	if yes, list c	ountries:		
List countries you have traveled	to in the past	12 months:					
OTHER INFORMATION (if you	u answer "yes	s" to any of the quest	tions, please provide	explanation (	on separate sheet of paper)		
Have you ever been refused a visa	for China, or	been refused entry in	nto China?	Yes	No		
Has your Chinese visa ever been cancelled?					No		
Have you ever entered China illegally, overstayed, or worked illegally?					No		
Do you have any criminal record i	Yes	No					
Do you have any serious mental disorder or infectious disease?					No		
Have you ever visited countries or	rs? Yes	No					
Have you ever been trained or do you have any special skills in the field of firearms, explosives, nuclear devices, biological or chemical products?  Yes  No							
		•		Yes			
Are you serving or have you ever served in the military?  Yes  No  Have you served or participated in any paramilitary organization, civil armed units, guerrilla							
forces or armed organizations, or been its member?  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 declare?  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, Suite 210 Ashburn VA 20147



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

### **AVS Order Form**

		A 1' 11 6						
Travalar Ora (1)	Applicant Information							
Traveler One (1):		T						
First Name:		Last Name:		DOB:				
Traveler Two (2):		T						
First Name:		Last Name:		DOB:				
Traveler Three (3):								
First Name:		Last Name:		DOB:				
	Services R	Requested (check						
US Passport Services:	☐ New ☐ Renew	val 2nd Passpor	rt Name Change	Lost Passport Card				
			<u> </u>					
Visa Services:	☐ Tourist ☐	Business	Employment	Residence Family Visit				
Type of Visa (entries):	Single	Double	Multiple (	Not Sure				
Country/Countries:			Processing Speed Re	quested:				
Date of Departure from USA:			Date Needed in Your	Hands:				
	Shipping Information		your passport back)					
Shipping Method:	FedEx Overnight	FedEx 2 Da	y Use My Label/Fo	edEx Account #:				
	Company:		Name:					
Shipping Address:	Street Address:							
(no PO BOX)	City:		State:	Zip Code:				
	E-mail:		Phone Number:					
Contact Information (for	questions, status upo	dates, additional r	equests, etc)- this is	NOT your emergency contact				
Name:		Relationship	to Applicant:					
Phone #:		E-mail:						
		Payment Informa	tion					
Form of Doument	0		MasterCard AMEX	Discover Paid on website				
Form of Payment	Check (company)  Card Number:	U VISA U II	Exp. Date:	Discover Paid on website  CVV Code:				
Credit Card Info:	Cardholder's Name:							
	Billing Zip Code:							
Authorization to Charge:	Signature:		Date:	Amount: \$				
AVS is not responsible for any policy char	uments for processing to the ac ges at the Passport Agency or a	any of the Embassies as w	ell as delays, damages or loss	dable and are subject to change without notic of documents resulting from the actions of the e-mails from AVS with important updates an				