

# CHINESE CREW VISA SHIPPING CHECKLIST

PROVIDE THE FOLLOWING DOCUMENTS TO FTC

- ☐ **ORIGINAL PASSPORT** (your passport must be valid for more than 1yr)
- ☐ **ONE PHOTO** (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 forehead is clearly visible. E-mail it to [INFO@AVSCHICAGO.COM](mailto:INFO@AVSCHICAGO.COM) in "actual size" and we'll re-size, crop and print it out for you)
- ☐ **ONE VISA APPLICATION FORM (4 PAGES)**
- ☐ **ONE HEALTH DECLARATION FORM WITH APPLICANT'S ORIGINAL SIGNATURE**
- ☐ **ONE 30 DAY TRAVEL FORM WITH APPLICANT'S ORIGINAL SIGNATURE**
- ☐ **COPY OF CREW ID (FRONT & BACK)**
- ☐ **COPY OF DRIVER'S LICENSE (FRONT & BACK)**
- ☐ **COPY OF UTILITY BILL (GAS, WATER OR ELECTRIC)- for residents of AK, Northern CA, NV, OR & WA only. Utility bills with spouse's names are accepted.**
- ☐ **COPY OF PREVIOUS 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)**

Please make sure to include ALL documents listed above or processing of your application can be delayed. We will confirm when your package is received and will provide approximate dates of completion. 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:
Full Name in Native Alphabet:				
Other Names:		Occupation (job title):		Annual Income:
Date of Birth:	Gender:	Male	Female	Marital Status: Single Married Divorced Widowed
City of Birth:	State of Birth:		Country of Birth:	
Nationality:		Driver's License #:		
Do you hold any other nationality: Yes No If yes, list additional nationality:				
Do you have permanent residency in another country? Yes No If yes, list country:				
Have you ever held any other nationality: Yes No If yes, list country:				
PASSPORT DETAILS				
Passport Number:		Date of Issue:		Date of Expiration:
Issuing Authority:		Issuing Country:		
Is your current passport a replacement for a lost or stolen passport? Yes No (check last page of your passport)				
If yes, provide details of the lost passport below (if not available, provide letter of explanation why you do not have details)				
Lost Passport Number:		Issuing Authority:		Issuing Country:
What date was your passport lost:		How did you lose your passport:		
Did you have any visas to China in the lost passport? Yes No				
If yes, provide details of the previous visa (if not available, provide letter of explanation that you did not keep a copy of the visa)				
Previous Visa Number:		Date of Issue:		Place of Issue:
PURPOSE OF VISIT TO CHINA				
Type of Visa:		Processing speed: Regular 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 Title:		Your Job Duties:
Supervisor's Name:			Supervisor's Phone Number:	

<b>Previous Employer (include only if you have been with United for less than 10years):</b>			
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 Number:	
<b>EDUCATIONAL HISTORY</b>			
<b>COLLEGE OR UNIVERSITY YOU GRADUATED FROM</b>			
Name of College/University:		Address:	
From (mm/dd/yyyy):		To (mm/dd/yyyy):	
Degree Received:    Undergraduate    Graduate		Major:	
<b>COLLEGE OR UNIVERSITY YOU GRADUATED FROM</b>			
Name of College/University:		Address:	
From (mm/dd/yyyy):		To (mm/dd/yyyy):	
Degree received:    Undergraduate    Graduate		Major:	
<b>HIGH SCHOOL YOU GRADUATED FROM (yes, this is required)</b>			
Name of High School:		Address:	
From (mm/dd/yyyy):		To (mm/dd/yyyy):	
What languages do you speak?			
<b>CURRENT RESIDENCE</b>			
Address (same as on your driver's license or utility bill):			
Home Phone:	Cell Phone:		E-mail:
<b>FAMILY INFORMATION</b>			
<b>SPOUSE'S INFORMATION (ONLY IF CURRENTLY MARRIED)</b>			
First Name:	Last Name:	Date of Birth:	
Current Nationality:	City of Birth:	Country of Birth:	
Occupation:	Current Address:		
<b>FATHER'S INFORMATION (IF DECEASED, WRITE "N/A")</b>			
First Name:	Last Name:	Date of Birth:	
Current Nationality:	Occupation:		
Current Address:			

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

WHO WILL PAY FOR THIS TRIP?			
Self		Organization	
Other			
Name:		Relation to You:	
Phone Number:		E-mail:	
Address:			
TYPE OF SPONSOR:			
INDIVIDUAL		ORGANIZATION	
Name of individual or organization:		Relationship to the applicant:	
Phone number:		City, State & Zip code of Sponsor:	
TRAVEL HISTORY:			
Have you been to China in the last 3 years?		No Yes (If yes, please list your last 3 trips below to mainland China, <b>not</b> HK or Taiwan)	
City:	Date of Arrival:	Date of Departure:	
City:	Date of Arrival:	Date of Departure:	
City:	Date of Arrival:	Date of Departure:	
Have you been issued a Chinese visa?		No Yes (If yes, please include details below)	
Type of Visa:	Visa Number:	Date of Issue:	Place of Issue:
Have you ever been fingerprinted when applying for a visa to China?		Yes	No
Have you ever been issued a Chinese residence permit?		Yes	No If yes, list permit number:
Do you currently hold any valid visas issued by other countries?		Yes	No if yes, list countries:
List countries you have traveled to in the past 5 years:			
OTHER INFORMATION (if you answer "yes" to any of the questions, please provide explanation on separate sheet of paper)			
Have you ever been refused a visa for China, or been refused entry into China?		Yes	No
Has your Chinese visa ever been cancelled?		Yes	No
Have you ever entered China illegally, overstayed, or worked illegally?		Yes	No
Do you have any criminal record in China or any other country?		Yes	No
Do you have any serious mental disorder or infectious disease?		Yes	No
Have you ever visited countries or territories where there is an epidemic in the last 30 days?		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
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

## **Health Declaration Form for Visa Application**

I (Full name: \_\_\_\_\_, Passport number: \_\_\_\_\_)  
hereby declare that I have had none of the following situations over the  
14 days immediately preceding the date on this Health Declaration Form:

1. Being confirmed or suspected of COVID-19 infection by any medical institution;
2. Running a fever at or above 37.3°C or showing respiratory symptoms;
3. Coming into contact with confirmed or suspected COVID-19 cases;
4. Coming into contact with patients with a fever or respiratory symptoms;
5. Staying in a community or hotel reporting confirmed or suspected COVID-19 cases;
6. At least two persons in my office or family running a fever or showing respiratory symptoms;
7. Taking medicine for fever or cold;
8. Visiting public spaces like hospitals, theaters, restaurants and leisure facilities or taking part in group activities without taking protective measures like wearing a mask.

I declare the truthfulness and veracity of the statements above. If any above-mentioned situation happens to me before leaving for China, I shall cancel the trip.

I acknowledge and accept the responsibilities under this Declaration pursuant to the relevant laws and regulations of the People's Republic of China should I conceal any health condition that might cause the spread of quarantinable infectious diseases or give rise to serious risks of such spread.

Signature of the applicant:

Date:

## 附 表 / Attachment

姓名/ Name: \_\_\_\_\_

护照号/Passport Number: \_\_\_\_\_

本人目前在/I am now in \_\_\_\_\_ (国家/country)

过去 30 天访问过的国家或地区（可另纸）

Other countries/Territories you visited in the last 30 days (may type on separate paper)

时 间 MM-DD-YY ~ MM-DD--YY	天 数 Length of stay	访 问 地 Countries/Territories	事 由 Purpose

我声明以上内容真实，并愿就所填报信息和材料的真实性承担一切法律后果。

I hereby declare that the above statement is true and shall bear all the legal consequences for the authenticity of the information and materials I provided.

申请人签名：  
Applicant's signature: \_\_\_\_\_

日期：  
Date (MM-DD-YY) : \_\_\_\_\_

**AMERICAN VISA SERVICE**

53 W. Jackson Blvd., Ste 1226  
Chicago IL 60604

Tel: 312-922-8860 E-mail: [info@avschicago.com](mailto:info@avschicago.com)

**AVS Order Form**

Applicant Information		
Traveler One (1):		
First Name:	Last Name:	DOB:
Traveler Two (2):		
First Name:	Last Name:	DOB:
Traveler Three (3):		
First Name:	Last Name:	DOB:

Services Requested (check all that apply)						
US Passport Services:	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> 2 <sup>nd</sup> Passport	<input type="checkbox"/> Name Change	<input type="checkbox"/> Lost	<input type="checkbox"/> Passport Card
Visa Services:	<input type="checkbox"/> Tourist	<input type="checkbox"/> Business	<input type="checkbox"/> Employment	<input type="checkbox"/> Residence	<input type="checkbox"/> Family Visit	
Type of Visa (entries):	<input type="checkbox"/> Single	<input type="checkbox"/> Double	<input type="checkbox"/> Multiple	<input type="checkbox"/> Not Sure		
Country/Countries:			Processing Speed Requested:			
Date of Departure from USA:			Date Needed in Your Hands:			

Shipping Information (where to ship your paperwork back)			
Shipping Method:	<input type="checkbox"/> FedEx Overnight	<input type="checkbox"/> FedEx 2 Day	<input type="checkbox"/> Use My Label/FedEx Account #:
Shipping Address: (no PO BOX)	Company:		Name:
	Street Address:		
	City:	State:	Zip Code:
	E-mail:		Phone Number:

Contact Information (for questions, status updates, additional requests, etc)- this is NOT your emergency contact			
Name:		Relationship to Applicant:	
Phone #:		E-mail:	

Payment Information						
Form of Payment	<input type="checkbox"/> Check (company)	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover	<input type="checkbox"/> Paid on website
Credit Card Info:	Card Number:	Exp. Date:	CVV Code:			
	Cardholder's Name:					
	Billing Zip Code:					
Authorization to Charge:	Signature:	Date:	Amount: \$			

**Disclaimer:** Please send all required documents for processing to the address above. Service and embassy fees are non-refundable and are subject to change without notice. AVS is not responsible for any policy changes at the Passport Agency or any of the Embassies as well as delays, damages or loss of documents resulting from the actions of the Passport Agency, any Embassies, FedEx or postal services. By sending this order form, you agree to receive occasional e-mails from AVS with important updates and announcements.

