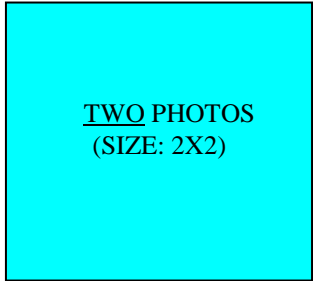




**Consulate General of  
The Arab Republic of Egypt  
In Los Angeles**  
6300 Wilshire Blvd # 1890  
Los Angeles, Ca 90048



## V I S A   A P P L I C A T I O N

FIRST	M.I.	FAMILY NAME	PASSPORT NO.	PLACE OF ISSUE
DATE OF BIRTH (MM/DD/YR)		PLACE OF BIRTH	DATE OF ISSUE(MO/DD/YR)	EXPIRATION DATE (MO/DAY/YR)
PRESENT NATIONALITY		ORIGINAL NATIONALITY	PURPOSE OF YOUR TRIP <input type="radio"/> Tourist <input type="radio"/> Business <input type="radio"/> Other: _____	
PROFESSION	MARITAL STATUS		DATE OF DEPARTURE FROM USA	
COMPLETE HOME ADDRESS			EXPECTED PORT OF ENTRY AND DATE OF ARRIVAL IN EGYPT	
TELEPHONE NO.			HOW LONG WILL YOU STAY IN EGYPT?	
Email:				
BUSINESS ADDRESS AND TELEPHONE NO. IN USA OR REFERENCE IN USA			HOW MANY TIMES ARE YOU PLANNING TO ENTER EGYPT? <input type="radio"/> Single Entry <input type="radio"/> Multiple Entry	
NAME, ADDRESS OF REFERENCE IN EGYPT (RELATIVE / FRIEND/BUSINESS)			HAVE YOU EVER BEEN TO EGYPT? IF SO, WHEN?	

**OFFICE HOURS: Monday to Friday 9:15AM to 1:00PM (submissions) 2:00PM to 3:00PM (pick-ups)**

**REQUIREMENTS** (*Incomplete requirements will delay the visa process*):

1. Duly filled and signed Visa Application Form
2. Two (2) passport size photos (size 2x2), with WHITE background. Person must be facing directly at the camera showing both ears.
3. PASSPORT (valid for 6 months from date of entry to Egypt)
4. FEE: Please check Consulate's official website for updated fees. Payable to **CASH, or cashier's check payable to Egyptian Consulate**. Personal checks or credit cards are not accepted.
5. For Non-American, photocopy of green card.
6. For Business Visa: a letter from the company stating purpose of the trip and financial guarantee of the company.

**APPLICANTS BY MAIL:**

Send the above requirements (**original passport**) with a self-addressed, prepaid envelope for the return of passport/s. (please add a tracking # to track your passport)  
*The Consulate is not responsible for the return of any document/s or passport/s by mail or any loss, delay or damage that may occur in the mailing of document/s or passport/s.*

**Consulate General of Egypt in Los Angeles**  
6300 Wilshire Blvd. #1890  
Los Angeles, CA 90048 Tel. No. (323) 933-9700 Fax: (323)933-9725

I CERTIFY THAT ALL THE STATEMENTS ARE TRUTHFUL AND THAT I AM FULLY AWARE OF ALL REGULATIONS NOTED ABOVE:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Please note that a non-refundable fee of \$1.50 will be collected upon submission of the Visa Application (if applying by mail, please include it with the visa fee)**