



VisaHQ.com
2005 Massachusetts Avenue, NW
Washington, DC 20036
Tel: 800-345-6541

Type of visa

#	Processing time	Valid upto Days	Cost
1	Single entry / 5 business days	90	121.95

OUR MAILING ADDRESS:

We recommend FedEx, UPS, or DHL

**VisaHQ.com / Attn: Anthony
2005 Massachusetts Avenue, NW
Washington, DC 20036
(202)558-2216**



2005 Massachusetts Ave.
Washington, DC 20036
Tel: 800.345.6541
202.558.2216
Fax: 202.318.4504

CREDIT CARD AUTHORIZATION FORM

I authorize VisaHQ.com to charge my credit card for the amount of _____

Credit Card number: _____

Credit Card Expiration date: _____

Name on the Credit Card: _____

Credit Card Billing Address: _____

Signature: _____

Date: _____

Comments: _____

THANK YOU

We accept all major credit cards



23. At what address will you stay in Dominica?		
24. Name and Telephone Numbers of Person in Dominica who you will be Staying with or Visiting for Tourism or Business.		
Name :	Home Phone: Cell Phone:	Business Phone:
25. How Long Do you intend To Stay in Dominica?	26. What is the Purpose of Your Trip?	
27. Who will pay for Your Trip?	28. Have you ever been to Dominica? <input type="checkbox"/> Yes <input type="checkbox"/> No When? For How Long?	
29. Have You Ever Been Issued a Dominican Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No When? Where? What type of Visa?	30. Have you ever been refused a Dominican Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No When? Where? What type of Visa?	
31. Do you intend to Work in Dominica? <i>(if YES, give the name and complete address of Dominican employer)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	32. Do You Intend to Study in Dominica? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if YES, give the name and complete address of the school.)</i>	
33. Name and Relationships of Persons Travelling with you.		
34. Has your Dominican Visa ever been canceled or revoked <input type="checkbox"/> Yes <input type="checkbox"/> No		

35. Are Any of the Following Persons in Dominica or have residence or work Permit?

Mark YES or NO and indicate that person

<input type="checkbox"/> Yes <input type="checkbox"/> No	Husband/ Wife	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fiancé/ Fiancée	<input type="checkbox"/> Yes <input type="checkbox"/> No	Brother/ Sister
<input type="checkbox"/> Yes <input type="checkbox"/> No	Father/ Mother	<input type="checkbox"/> Yes <input type="checkbox"/> No	Son/ Daughter		

36. PLEASE CHECK THE APPROPRIATE BOX FOR EACH ITEM.

- (i) Have you ever been arrested or convicted for any offence or crime, even though subject of a pardon, or other similar legal action: Yes No
- (ii) Have you ever unlawfully distributed or sold a controlled substance (drug) or been a prostitute or procurer for prostitutes? Yes No
- (iii) Have you ever been refused admission to Dominica or been the subject of a deportation hearing, or sought to obtain or assist others to obtain a visa, entry into Dominca, or any other Dominican immigration benefit by fraud or willful misrepresentation or other unlawful means? Yes No
- (iv) Do you seek to enter Dominca to engage in export prostitution, human smuggling, subversive or terrorist activities, or any other unlawful Purposes? Yes No
- (v) Have you ever violated the terms of a Dominican visa, or been unlawfully present, in or deported from Dominca ? Yes No
- (vi) Have you ever been afflicted with a commuincable disease of public health significanse or a dangerous physical or mental disorder, or ever been a drug abuser or addict? Yes No

37. Was this Application prepared by Another Person on Your Behalf? Yes No
(If answer is **YES**, then have that person complete item **38.**)

38. Application Prepared By:

NAME: _____ Relationship to Applicant: _____
ADDRESS: _____
Signature of Person Preparing Form: _____ DATE (dd-mm-yyyy) _____

Signature, Seal and contact details of Notary Public/Commissioner of Oaths:

.....
(NAME IN BLOCK)

.....
SEAL

.....
(ADDRESS)

.....
TELEPHONE NUMBER

39. I certify that I have read and understood all the questions set forth in this application and the answers I have furnished on this form are true and correct to the best of my knowledge and belief. I understand that any false or misleading statement may result in the permanent refusal of a visa or denial of entry into the Commonwealth of Dominca. I understand that possession of a visa does not automatically entitle the bearer to enter the Commonwealth of Dominica upon arrival at a port of entry if he or she is found inadmissible.

APPLICANT'S SIGNATURE _____ DATE (dd-mm-yyyy) _____
.....
(NAME IN BLOCK)
.....
SEAL **(ADDRESS)** **TELEPHONE NUMBER**

DO NOT WRITE BELOW THIS LINE

TYPE OF VISA ISSUED:	DURATION
DATE OF ISSUE:
	CONDITIONS IF ANY

APPLICATION REVIEWED BY:
APPLICATION GRANTED BY:
PARTICULARS OF PAYMENT:
VISA REFUSED:

LIST OF DOCUMENTS TO BE SUBMITTED WITH VISA APPLICATION FORM ARE AS FOLLOWS:

- ◆ *Valid passport and 2 passport sized (recent) photographs*
- ◆ *Bank statement from bank or sponsor*
- ◆ *Employment letter (if employed) or proof of self employment*
- ◆ *Invitation letter*
- ◆ *Recent police record issued within the preceding three (3) months of application*
- ◆ *Application fee (bank draft of \$52 US/\$133.50 EC) payable to the Accountant General*
- ◆ *Medical report including HIV/Aids test*
- ◆ *All relevant information (including foreign languages) should be written and or translated into English.*
- ◆ *Signature of applicant (s) to be notarised or sworn to before a Commissioner of Oaths, whose full contact information must be provided.*

PLEASE TAKE NOTE THAT ALL DOCUMENTS/COPIES/SIGNATURES SHOULD BE NOTARISED OR ENDORSED BY CERTIFIED TRANSLATORS.