

## Colombia Official visa Application



**IMPORTANT: Please enter your contact information**

Name:

E-mail:

Tel:

Mobile:

The latest date you need your passport returned in time for your travel:



### Colombia official visa checklist

- Filled out and signed Colombia official visa application form.** The form is enclosed.
- Original passport.** Passport must have at least 6 months remaining validity and have at least 1 visa page.
- 2 Photographs.** Standard passport photographs 2 x 2 inches on white background.
- Payment.** Credit Card Authorization form, Certified Check, or Money Order payable to VisaHQ.com.
- Return mailer.** Prepaid self-addressed return label or payment for FedEx.

**!** If you wish to prepay return shipping, please add the shipping fee to the total and provide the return shipping address:

- FedEx 2nd day delivery - add \$15
- FedEx Standard Overnight - add \$20
- FedEx Priority Overnight - add \$25
- FedEx Saturday delivery - add \$45
- FedEx First Overnight - add \$65

**Name:**

**Company:**

**Address:**

**City:**

**State:**

**Zip:**

- State Department Letter.** A letter from the US Department of State, sending department, or agency, addressed to "Embassy of Colombia, Washington D.C.", explaining purpose of travel and dates of the trip. Letter must contain the applicant's name and the passport number.

## Colombia official visa fees for citizens of United States

Type of visa	Max. validity	Embassy fee	Our fee	Processing time	Total
Diplomatic	up to 90 days	\$0.00	\$44.95	3 business days	\$44.95

## Credit Card Authorization Form

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

Name on the Credit Card:

Credit Card number:                    -                    -                    -                    Exp. date:                    /

Credit Card Billing Address:

Signature:

Comments:

**Thank you!**  
**We accept all major credit cards.**





### FORMULARIO SOLICITUD DE VISA -VISA APPLICATION FORM

Favor completar con datos y marcar con (x) donde corresponda.  
Fill out check where appropriate (X)

ACTIVIDAD A DESARROLLAR EN COLOMBIA  
(ACTIVITY TO BE CARRIED OUT IN COLOMBIA)

**USO OFICIAL (OFFICIAL USE ONLY)**

RADICACION No. : \_\_\_\_\_  
FECHA: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Mes Día Año

Sustanciador o Funcionario Consular:  
(Nombre completo)

/ \_\_\_\_\_ / / \_\_\_\_\_ /  
APELLIDO (SURNAME- FAMILY NAME) OTROS APELLIDOS (MOTHER'S NAME AND/ OR MAIDEN NAME)

/ \_\_\_\_\_ / M/M \_\_\_\_\_ /D/D \_\_\_\_\_ /A/Y \_\_\_\_\_  
NOMBRES (GIVEN NAME) FECHA NACIMIENTO (DATE OF BIRTH))

/ \_\_\_\_\_ / / \_\_\_\_\_ /  
PAIS DE NACIMIENTO - (PLACE OF BIRTH - COUNTRY) NACIONALIDAD (NATIONALITY)

ESTADO CIVIL : SOLTERO  CASADO  VIUDO  UNION LIBRE  DIVORCIADO   
(MARITAL STATUS) SINGLE MARRIED WIDOW COMMON LAW DIVORCED

**PASTE  
PICTURE  
HERE**  
  
3 X 3 CMS

PASAPORTE NUMERO (PASSPORT NUMBER) \_\_\_\_\_ / SEXO(SEX) M  F

Otro/Other  EXPLIQUE (EXPLAIN) \_\_\_\_\_

POSEE OTRAS NACIONALIDADES O PASAPORTES? (DO YOU HAVE OTHER NATIONALITIES AND/OR PASSPORTS?) NO  SI(YES)

EXPLIQUE (EXPLAIN) \_\_\_\_\_

TARJETA DE EXTRANJERIA NUMERO (NUMBER) \_\_\_\_\_ O (OR) CEDULA DE EXTRANJERIA NUMERO (NUMBER) \_\_\_\_\_

/ \_\_\_\_\_ / / \_\_\_\_\_ /  
PROFESION (PROFESSION) Y/U (AND/OR) OFICIO (OCCUPATION) ENTIDAD RESPONSABLE (COMPANY)

/ \_\_\_\_\_ / / \_\_\_\_\_ /  
DIRECCION ULTIMO DOMICILIO (PREVIOUS ADDRESS OF RESIDENCE) CIUDAD (CITY) PAIS (COUNTRY)

/ \_\_\_\_\_ /  
DIRECCION PREVISTA EN COLOMBIA (ADDRESS IN COLOMBIA) CIUDAD (CITY)

TELEFONOS (PHONES) CASA ( HOME) : \_\_\_\_\_ OFICINA(OFFICE): \_\_\_\_\_ /

**NO ESCRIBA EN ESTE ESPACIO - USO OFICIAL (OFFICIAL USE ONLY)**

No. Visa \_\_\_\_\_ Fecha de Expedición M\_\_\_\_/D\_\_\_\_/A\_\_\_\_

NUMERO FOLIOS: \_\_\_\_\_

Clase \_\_\_\_\_ Categoría Código \_\_\_\_\_

\_\_\_\_\_

Ocupación \_\_\_\_\_

ESTUDIADA POR( Nombre completo)

Entidad: \_\_\_\_\_

\_\_\_\_\_

APROBADA POR

Vigencia \_\_\_\_\_ Entradas \_\_\_\_\_

\_\_\_\_\_

Autorización No. \_\_\_\_\_ FECHA: M\_\_\_\_/D\_\_\_\_/A\_\_\_\_

ENTREGADA POR ( Nombre completo)

**INFORMACION SOLICITUD DE VISAS PREVIAS . HA SOLICITADO VISA PARA COLOMBIA** SI (YES)  NO   
**INFORMATION ABOUT PAST APPLICATIONS ( IF APPLIED BEFORE PLEASE ANSWER )**

**¿LE HA SIDO NEGADA ALGUNA SOLICITUD?** SI  NO   
HAS A PAST APPLICATION BEEN DENIED? YES  NO

**¿LE HA SIDO CANCELADA ALGUNA VISA?** SI  NO   
HAS A VISA BEEN CANCELED BEFORE? YES  NO

**TIPO DE VISA NEGADA O CANCELADA** \_\_\_\_\_  
TYPE OF VISA DENIED OR CANCELLED

**FECHA** \_\_\_\_\_  
DATE MM / DD / A/Y

**VISA ANTERIOR** \_\_\_\_\_  
PREVIOUS VISA

**NUMERO** \_\_\_\_\_  
NUMBER

**FECHA** \_\_\_\_\_  
DATE MM / DD / A/Y

**LUGAR DE EXPEDICION** \_\_\_\_\_  
CITY WHERE VISA WAS ISSUED

**POR FAVOR LEA Y MARQUE DEBIDAMENTE CADA UNA DE LAS SIGUIENTES PREGUNTAS:**  
**READ AND ANSWER EACH OF THE FOLLOWING QUESTIONS:**

**¿ALGUNA VEZ FUE EXPULSADO  DEPORTADO  PAIS ?** SI  NO   
HAVE YOU EVER BEEN EXPELLED OR DEPORTED FROM COLOMBIA? (Yes)

**¿HA TENIDO O TIENE PROCESOS PENALES EN SU CONTRA? EXPLIQUE** SI  NO   
DO YOU HAVE CRIMINAL RECORDS? EXPLAIN (Yes)

**¿HA PERMANECIDO EN ALGUNA OPORTUNIDAD EN COLOMBIA SIN VISA QUE LO AUTORICE?** SI  NO   
HAVE YOU EVER BEEN IN COLOMBIA WITHOUT AN AUTHORIZED VISA? (Yes)

**¿PADECE ENFERMEDADES INFECTOCONTAGIOSA O MENTAL?** SI  NO   
DO YOU SUFFER ANY INFECTIOUS AND CONTAGIOUS ILLNESS OR MENTAL DISORDER? (Yes)  
**ESPECIFIQUE** \_\_\_\_\_  
SPECIFY

**RESIDE ALGUN FAMILAR SUYO EN COLOMBIA ?( INDIQUE PARENTESCO Y CLASE DE VISA DEL FAMILIAR)**

DO YOU HAVE ANY RELATIVE RESIDING IN COLOMBIA ( LIST NAMES, RELATIONSHIP, AND VISA ): \_\_\_\_\_

**HE LEIDO Y COMPRENDIDO LAS PREGUNTAS DE LA PRESENTE SOLICITUD Y LAS RESPUESTAS SON CIERTAS. ENTIENDO QUE CUALQUIER INEXACTITUD RESPUESTA FALSA O TERGIVERSADA EN ESTE DOCUMENTO, O LA PRESENTACION DE DOCUMENTOS FALSOS O INEXACTOS CONDUCCEN AL RECHAZO DE LA SOLICITUD, LA DENEGACION O CANCELACION DE LA VISA.**

**I HAVE READ AND COMPREHEND THE ABOVE QUESTIONS. I HAVE STATED THE TRUTH. I UNDERSTAND THAT ANY FALSE INFORMATION AND/OR FALSE DOCUMENTS PRESENTED IN THIS APPLICATION WILL LEAD TO INVALIDATE, THE DENIAL OR CANCELLATION OF THE VISA.**

**FECHA DE LA SOLICITUD** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
APPLICATION DATE MM DD A/Y

\_\_\_\_\_  
**FIRMA del extranjero solicitante de la visa/ APPLICANT SIGNATURE**

**NUMERO PASAPORTE /PASSPORT**  
No. \_\_\_\_\_

**NO ESCRIBA EN ESTE ESPACIO - USO OFICIAL (OFICIAL USE ONLY)**  
**OBSERVACIONES Y CONCEPTO DEL SUSTANCIADOR O FUNCIONARIO CONSULAR SEGÚN EL CASO:**

\_\_\_\_\_  
EMITIDO POR

V. BO. DE QUIEN APRUEBA