

Saudi Arabia Employment Visa Requirements

1. Passport

Submit your current, valid, signed Passport. It must **not** be handwritten. It must not expire within 6 months and must have at least 2 side-by-side blank visa pages. If you do not have the proper blank visa pages in your passport, you must first amend your passport to have [pages added](#). A Briggs will secure your visa using the added pages. If your passport expires within six months, you must [renew your passport](#) and then we will secure your visa with the new passport.

2. Visa Application

Submit a completed, signed Saudi Arabia Visa Application form. It must be signed with **blue ink** and.

All fields of the application form have to be completely filled out, including Name, Address and Phone number of the inviting company in Saudi Arabia. Missing or incomplete information will cause processing delays.

Attached document: Saudi Arabia Visa Application

3. Enjaz Online Application

An A Briggs Saudi Visa Specialist will complete the Enjaz online application form for you on your behalf. The Enjaz fee is included in the consular fees.

4. Passport Photograph

(4)

Submit four (4) recent, 2x2 Passport Photographs with the whites of your eyes visible, with a white background and taken by a passport photographer. They must **not** be a digital or non-passport style photograph.

More details: www.abriggs.com/visas/pop_visa_photos.php

Must be on a white background.

We can prepare passport photographs for you at select A Briggs office locations nationwide.

Passport Photo Locations: www.abriggs.com/passport_photos.php

5. Proof of Residency

If you are not a US citizen, submit a photocopy of your proof of your legal long-term US residency (i.e. US

Permanent Resident Card or US visa).

6. Letter of Invitation

At this time A Briggs can only assist with Saudi Arabian visa applications for applicants with invitations specific to the Saudi Arabian Embassy in Washington DC, or the Saudi Arabian Consulate in Los Angeles or Houston. **If your invitation is specific to the New York consulate, please contact your host in Saudi Arabia to have this changed to Washington DC, Los Angeles or Houston.** Submit an original letter from the company in Saudi Arabia sponsoring you, certified by both Saudi Chamber of Commerce and Ministry of Foreign Affairs indicating the block visa number, date, name and position of the person requested. It must be accompanied by reference note showing date of the residence visa issued by the Ministry of Foreign Affairs.

Once you have completed the order form, email the inviting company's name **exactly as it appears on the invitation in Arabic**, along with your order number, to saudivisas@abriggs.com. This is required in addition to sending the paper invitation.

7. Sponsor Information

Complete the Saudi Sponsor Information form, and email it to: saudivisas@abriggs.com

Saudi Sponsor Information Form: www.abriggs.com/pdf/saudi_sponsor_information_form.doc

8. Employment Contract

Submit **original**, signed Employment Contract. It must be signed by you and your sponsor.

The position mentioned in the contract should match the position mentioned in the block visa reference and be relevant to your qualifications.

9. Notice of Law and Regulation

Submit a signed Notice of Law and Regulation. It must be signed with **blue ink** and.

Attached document: Saudi Arabia Laws and Regulations

10. Proof of Education

Submit all of the following:

- A certified and notarized copy of your university degree or diploma.
- A sealed envelope containing both your official, updated transcript **and a verification letter** from the registrar's office at the college/university, including your School ID Number and the telephone number of the contact person at the registrar's/record's office.

The official letter from the Registrar's office must specifically indicate the method of study: online courses or in-campus, and it must confirm the number of credits, including online classes if any.

Note: Both the official sealed transcript *and* the sealed verification letter are required; one does not replace the other.

- Name of the college/university and the telephone number of the registrar or the records office.
- Verification of your credentials from degreeverify.com.

For technical diplomas, the certified and notarized copies **MUST** be additionally validated by the U.S. Department of State.

Diplomas obtained from foreign universities outside of the US must be authenticated by Saudi cultural mission in the country of their origin. A Briggs cannot assist with authentication of foreign diplomas.

11. Medical Report

(3)

Submit three (3) **original** Medical Reports issued and signed by a licensed physician. They must indicate the license number and address of the physician. They must certify that you are free of contagious diseases.

Attached document: Saudi Arabia Medical Report

12. Recent Physical

Submit the results of a recent physical exam, including full lab test results.

13. Police Report

Submit a **original**, recent Police Report. It must indicate detailed information about your criminal record.

14. Letter of Authorization

Submit a Saudi Arabia Mission Authorization Letter authorizing A Briggs to submit and collect your application, and authorizing the Saudi Mission to obtain information about your academic record.

Saudi Arabia Mission Authorization Letter: www.abriggs.com/pdf/Saudi_Arabia_Mission_Authorization.doc

15. Additional

Submit an additional photocopy of all submitted materials.

The category visa type is invitation specific. Please consult your sponsor to determine category of visa (business, employment or temporary work).

You must be physically present in the U.S. at the time of employment visa request.

All documents must be from the US, including medical, lab and police reports. Foreign degrees have to be authenticated by Saudi Cultural mission in the country where they were received.

Apply for your Saudi visa **no more than three months prior to your entry date into Saudi Arabia.**

16. Processing Time

The processing time for all visas for Canadian citizens is 6-8 weeks. The processing time for all other citizens is as listed under the Consular Fees requirements and on our order form.

17. Shipping Instructions

Shipping Address:

Processing Department
A Briggs Passport & Visa Expeditors
1921 Sunderland PL NW
Washington, DC 20036
1-800-806-0581

Note: When placing an order this address may change if multiple visas or passports are included. Please see the requirements you receive via email upon completion of the order form for the correct address.

Carrier-Specific Shipping Notes:

FedEx:

On the FedEx air bill, check the box in 4a "**FedEx Priority Overnight**".

Do NOT ship "First Overnight" unless instructed otherwise by an A Briggs agent; this will delay the delivery of your package.

UPS:

The UPS Shipping Document must indicate "UPS Next Day Air". Any other type of UPS service is NOT acceptable.

USPS

For shipments via USPS Express Mail or other shipping providers, please follow the instructions carefully when completing the air bill.

Note:

Additional shipping costs must be charged to a credit card for each package shipped to an international destination and the following locations: Alaska, Hawaii, and all U.S. Territories.

Saturday Delivery is an additional \$14 when available to US destinations.

Failure to follow these instructions may cause a delay in processing, and could also result in additional charges on your order for shipping, such as: before 8:00am delivery, Saturday Delivery, etc. If you have any questions, please do not hesitate to call us toll free at 1-800-806-0581.



سفارة المملكة العربية السعودية

القسم القنصلي في مدينة: _____

Royal Embassy of Saudi Arabia

Consular Section in _____
(city)

NOTICE ON SAUDI LAWS AND REGULATIONS

I hereby undertake to give my fingerprints and my eye iris pattern images and comply with the laws of the Kingdom of Saudi Arabia.

I, the undersigned, hereby agree to have my fingerprint and iris data (biometrics) captured as part of the application procedure for an entry visa to the Kingdom of Saudi Arabia. I further agree and declare as follows:

1. If granted the visa, I shall abide by all the laws and regulations of the Kingdom of Saudi Arabia and respect the Islamic customs and traditions of its people;
2. I am aware that all alcoholic beverages, narcotics and other illegal drugs, pornographic materials or publications that violate the social norms of decency and all other publications that are disrespectful of any religious belief or political orientation are prohibited and shall not be brought into the Kingdom of Saudi Arabia;
3. I am also fully aware that the crime of smuggling narcotics and other illegal drugs into the Kingdom of Saudi Arabia is punishable by the death penalty;
4. I have never been removed, excluded or deported from the Kingdom of Saudi Arabia or from any other Gulf Cooperation Council member state or charged with violation of any law or regulation thereof;
5. I agree to depart the Kingdom of Saudi Arabia on or before the expiration date of my visa. I am well aware that any violation of the laws and regulations of the Kingdom or any engagement in prohibited activities, such as the activities mentioned herein or in the entry visa documentation, are subject to the penalties described in the "Dealing with Persons on Entry Visas" statute, as enacted by Royal Decree No. 42, dated 10/18/1404 H;
6. I acknowledge and reaffirm my declaration that this application and the evidence submitted with it are all true and correct. I also understand that if I submit any false information or if my name was found to be listed as banned from entry into the Kingdom of Saudi Arabia, my application will be denied or my visa, if already granted, revoked. Moreover, I may be turned back from any Saudi port of entry at my own expense, while I shall have no right to demand compensation.

Name (Please print): _____

Signature: _____

Date: _____



NOTICE ON SENDING PASSPORT BY MAIL

Include a prepaid return label and envelope (from FedEx, UPS or USPS only) with the return address label filled out completely. A proper prepaid return envelope must include a “PRE-PAID” label. Return envelopes showing only account numbers are no longer accepted as proof of pre-payment. **Credit cards, checks, money orders or cash will not be accepted** for return mailing. Any package without a proper pre-paid return envelope and label will be put on hold until a proper return envelope is received. It is the applicant’s responsibility to determine the EXACT return shipping costs. All labels must have a tracking number, and applicants are advised to keep both incoming and outgoing tracking numbers for their records.



سفارة المملكة العربية السعودية

القسم القنصلي في مدينة:

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Royal Embassy of Saudi Arabia

Consular Section in _____

(city)

First Name:	Middle Name:	Last Name:	الإسم الكامل:
Mother's Name:	إسم الأم:		
Date of Birth:	تاريخ الولادة:	Place of Birth:	محل الولادة:
Previous Nationality:	الجنسية السابقة:	Present Nationality:	الجنسية الحالية:
Place of Issue:	محل الإصدار:	Passport No:	رقم الجواز:
Expiration Date:	تاريخ انتهاء صلاحية الجواز:	Date of Issue:	تاريخ الإصدار:
Sex:	الجنس:	Marital Status:	الحالة الاجتماعية:
Female Male	أنثى ذكر	Married Single	متزوج عازب
Religion:	الديانة:		
Profession:	المؤهل العلمي:	Qualification:	المهنة:
Home Address and Telephone No.:			عنوان المنزل ورقم التلفون:

E-mail Address:	البريد الإلكتروني:
Business Address and Telephone No:	عنوان الشركة (المؤسسة) ورقم التلفون:

Purpose of Travel:	الغاية من السفر:
عمل <input type="checkbox"/> إقامة <input type="checkbox"/> دراسية <input type="checkbox"/> عمرة <input type="checkbox"/> حج <input type="checkbox"/> دبلوماسية <input type="checkbox"/> خاصة <input type="checkbox"/> شخصية <input type="checkbox"/>	Personnel <input type="checkbox"/>
تمديد عودة <input type="checkbox"/> مرور <input type="checkbox"/> سياحة <input type="checkbox"/> تجارية <input type="checkbox"/> رجال اعمال <input type="checkbox"/> حكومية <input type="checkbox"/> زيارة عمل <input type="checkbox"/> زيارة عائلة <input type="checkbox"/>	Family Visit <input type="checkbox"/>

Method of Payment: Company Check: [] Money Order: []	طريقة الدفع:
Name and Address of Company or Individual invitee in the Kingdom:	اسم وعنوان الشركة أو اسم الشخص الداعي وعنوانه بالمملكة:

Travel Information:	معلومات السفر	
Date of arrival in Saudi Arabia:	Via Airline:	Flight No:
City of Embarkation:	Port of Entry:	
Duration of Stay in the Kingdom:		

Name of traveling companion:	صلته:	اسم المحرم:	Relationship of the person traveling with:
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*** Application must be filed out in its entirety ***

I, the undersigned, hereby certify that:

- I agree to have my fingerprints taken and my Iris scanned.
- All the information provided is correct. I will abide by the laws of the Kingdom during the period of my residence.

أنا الموقع أدناه اوافق على اخذ بصمة الاصابع وقزحية العين

أقر بأن كل المعلومات التي دونتها صحيحة وسأكون ملتزماً بقوانين المملكة أثناء فترة وجودي بها.

التاريخ:

التوقيع:

الإسم:

Name:	Signature:	Date:
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سفارة المملكة العربية السعودية

واشنطن

القسم القنصلي

Royal Embassy of Saudi Arabia

Washington

Consular Section

NOTICE ON SAUDI LAWS AND REGULATIONS

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3. I am also fully aware that the crime of smuggling narcotics and other illegal drugs into the Kingdom of Saudi Arabia is punishable by the death penalty;
4. I have never been removed, excluded or deported from the Kingdom of Saudi Arabia or from any other Gulf Cooperation Council member state or charged with violation of any law or regulation thereof;
5. I agree to depart the Kingdom of Saudi Arabia on or before the expiration date of my visa. I am well aware that any violation of the laws and regulations of the Kingdom or any engagement in prohibited activities, such as the activities mentioned herein or in the entry visa documentation, are subject to the penalties described in the "Dealing with Persons on Entry Visas" statute, as enacted by Royal Decree No. 42, dated 10/18/1404 H;
6. I acknowledge and reaffirm my declaration that this application and the evidence submitted with it are all true and correct. I also understand that if I submit any false information or if my name was found to be listed as banned from entry into the Kingdom of Saudi Arabia, my application will be denied or my visa, if already granted, revoked. Moreover, I may be turned back from any Saudi port of entry at my own expense, while I shall have no right to demand compensation.

Name (Please print): _____

Signature: _____

Date: _____



MEDICAL REPORT

PHOTO

NAME: _____

NATIONALITY: _____	SEX: _____	AGE: _____	MARITAL STATUS: _____
PASSPORT NO: _____	ISSUE PLACE: _____	ISSUE DATE: _____	
POSITION APPLIED FOR: _____			

DEAR SIR / MADAM
PLEASE, ARRANGE TO EXAMINE THE ABOVE MENTIONED CANDIDATE AS TO HIS/HER FITNESS FOR THE ABOVE MENTIONED POSITION.

DATE ___/___/___ RECRUITMENT ATTACHE/OR DOCTOR: _____

HISTORY OF ANY SIGNIFICANT PAST ILLNESS INCLUDING:

- PSYCHIATRIC AND NEUROLOGICAL DISORDERS (EPILEPSY, DEPRESSION...)
- ALLERGY

MEDICAL EXAMINATION				LABORATORY INVESTIGATION		
TYPE OF MEDICAL EXAMINATION		NEGATIVE\ NORMAL	POSITIVE\ ABNORMAL	TYPE OF LABORATORY INVESTIGATION (URINE)	NEGATIVE\ NORMAL	POSITIVE\ ABNORMAL
VISION	R. EYE					
	L. EYE					
EYE	OTHER					
	R. EYE					
EAR	L. EYE					
	R. EAR			(STOOL)		
CHEST X - RAY	L. EAR					
PULMONARY TUBERCULOSIS (SYSTEMIC EXAMINATION)						
BLOOD PRESSURE				(BLOOD)		
HEART						
LUNGS						
ABDOMEN						
(OTHERS)				(SEROLOGY)		
*HERNIA						
*VARICOSE VEINS						
EXTREMITIES						
SKIN						
(VENEREAL DISEASES)						
- CLINICAL						
- LAB						
VDRL						
TPHA				PREGNANCY TEST		

CONFIRM IF THE APPLICATION HAS ONE OF THE FOLLOWING:	NO	YES
COMMUNICABLE DISEASES		
MENTAL DISORDER		
MENTAL RETARDATION		
PHYSICAL DISORDERS		
HANDICAP		
PARALYSIS		
BLINDNESS		
HEARING DISORDER		
SPEECH DISORDER		

MENTIONED ABOVE IS THE MEDICAL REPORT FOR MR / MRS / MISS _____, WHO IS
 FIT UNFIT FOR THE ABOVE MENTIONED JOB.
 - TO BE FIT, ALL MEDICAL EXAMINATIONS AND LABORATORY INVESTIGATIONS MUST BE WITHIN NORMAL LIMITS. IN THE EVENT OF AN ABNORMAL/POSITIVE RESULT, A TYPEWRITTEN LETTER SIGNED BY THE PHYSICIAN STATING THE CONDITION AND ANY TREATMENT IMPLEMENTED. THIS LETTER SHOULD ALSO INDICATE WHETHER THIS CONDITION OR TREATMENT WILL HAVE ANY EFFECT ON THE APPLICANT'S WORK.

PHYSICIAN NAME: _____ SIGNATURE: _____
 LICENSE NUMBER: _____ STAMP: _____

THIS FORM MUST BE ATTESTED BY ONE OF THE TWO FOLLOWING AUTHORITIES:

THIS IS TO CERTIFY THAT DR. _____ LICENSE NUMBER: _____, IS CURRENTLY LICENSED TO PRACTICE MEDICINE. AUTHORIZED SIGNATURE : _____ (1)	DEPARTMENT OF HEALTH (2)
STAMP OR SEAL OF THE STATE AUTHORITY (COLLEGE OF PHYSICIANS)	