



1001 Connecticut Ave NW #710  
Washington, DC 20036  
Phone: (202) 393-3030  
Web: [www.washingtonexpressvisas.com](http://www.washingtonexpressvisas.com)  
Email: [info@washingtonexpressvisas.com](mailto:info@washingtonexpressvisas.com)

### DCRA Document(s) Retrieval & Filing form\*

\*Please make a copy of this complete form for your records.

- Full Name: \_\_\_\_\_

#### **DCRA DOCUMENT(S) RETRIEVAL**

- Entity name: \_\_\_\_\_
- Filing type and Filing date: \_\_\_\_\_
- Expedite service needed? (check one) 3-day: \_\_\_\_\_ 24-Hour: \_\_\_\_\_ No Expedite: \_\_\_\_\_

#### **DCRA FILING**

- Filing type requested: \_\_\_\_\_
- Expedite service needed? (check one) 3-day: \_\_\_\_\_ 24-Hour: \_\_\_\_\_ No Expedite: \_\_\_\_\_
- Physical Certified copies requested? (check one) Yes \_\_\_\_\_ No \_\_\_\_\_

#### **Contact Information & Return Address**

(Please add return address if different from contact information)

Name: \_\_\_\_\_ Signature Required: \_\_\_\_\_ Y \_\_\_\_\_ N

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**If you found us online, what search term did you use? (For marketing purposes only)**

\_\_\_\_\_

Sign \_\_\_\_\_ Date \_\_\_\_\_

\*By signing this form, I grant Washington Express' designee the right, on my behalf, to execute the documents that are necessary and appropriate to secure the desired processing.

**For payment please complete the Credit Card Authorization Form on page 2**



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### Credit Card Authorization Form\*

\*Please sign and return to Washington Express Visas along with your other request forms and application.

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ AmEx

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_ (last 3 digits located on the back of the credit card)

I authorize **Washington Express Visas (WEXV)** to charge the above card for charges related to WEXV Service Fees, Embassy and/or Department of State Agency Fees and shipping costs (if applicable)\*. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

\*Be aware that some of the above charges are not known in advance and may not be reflected in the initial quote.

Cardholder – Please Sign and Date

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PrintName: \_\_\_\_\_

\*\*Visas are granted or denied at the discretion of the consulate, this includes type of visa (single, double or multi entry) & duration. Embassy fees are non-refundable.