

Business Visa Program Eligibility Inquiry

U.S. Embassy Sofia
Consular Section, Nonimmigrant Visa Unit, BVP
16 Kozyak Street, 1408 Sofia
SofiaBVP@state.gov

Thank you for your interest in our Business Visa Program (BVP). In order to consider your company for membership in the program, we need to know more about your company and the reasons for your interest in the BVP. Please completely answer the following questions.

- **Company Information**

- Legal name of company: _____

- Doing business as: _____

- Street address: _____

- Phone number: _____ Fax number: _____

- Website address: _____

- Number of full-time, direct-hire employees (labor contract): _____

- Description of company and principal business activities: _____

- Number of years in operation (Please note: must be actual years in operation, not number of years registered): _____

- Describe business ties to U.S. (such as clients, suppliers, training locations, etc.):

- **Travel Information**

- Number of employees sent to U.S. in past 2 years: _____
- Number of employees expected to be sent to U.S. next year: _____
- Purpose and destination of typical travel to the U.S.: _____

- **Signatory Information**

- Full name of Authorized Signing Officer 1:

- Title at company: _____
- EGN: _____
- Phone number: _____
- Email address: _____
- Signature sample: _____

- Full name of Authorized Signing Officer 2:

- Title at company: _____

- EGN: _____

- Phone number: _____

- Email address: _____

- Signature sample: _____

- **Additional Information**

- Please provide any additional information about your company not covered in the previous questions that you think would be useful.

- **Tax Records**

- Along with this completed and signed eligibility inquiry, you must include tax records for the past 3 years.

With my signature I confirm that the information provided above is true and correct to the best of my knowledge. I understand that membership in the BVP does not guarantee visa issuance for any applicant. Furthermore, I agree to submit new signatory information whenever a change in management occurs, and acknowledge that if the Embassy finds my company noncompliant with BVP rules and regulations, the Embassy may suspend or terminate membership at will. I agree to act as the point of contact for my company's interactions with the Embassy with regard to the BVP.

Name: _____

Title: _____

Signature: _____ Date: _____

Phone Number(s): _____

Email address: _____

Please send the original of this completed eligibility inquiry, along with tax records for the company for the last 3 years to:

U.S. Embassy Sofia, Consular Section
Attn: Nonimmigrant Visa Unit, BVP
16 Kozyak St.
1408 Sofia
Bulgaria

Companies accepted into the program will receive a membership letter containing instructions on how to apply for visas under the BVP, as well as instructions on how to use the expedited appointment slots in the online appointment system.