

THIS IS NOT AN APPLICATION; IT IS ONLY A COVERING LETTER FOR AMERICAN VISA OF DC

U.S. Passport Renewal

Requirements Checklist:

- Current or expired 10 year U.S. Passport issued within the last 15 years.
- One signed [U.S. Passport application \(DS 82\)](#) completed on-line and bar-coded.
- One official passport sized photo 2" X 2" ONLY taken within the last 6 months.(no glasses, smiling or head wear).
- Authorization note for American Visa of DC (attached).
- ALL:** Please call or email our office before sending any application to us, to reserve your submission date.

Jurisdiction: Residents of all states can be processed in Washington DC.

Contact Person's Name: _____ Phone and email: _____

SHIPPING INSTRUCTIONS: Return completed process to:

Company Name (If applicable): _____ Contact Name _____
Address _____ Apt#/Mail Code _____
City _____ State _____ Zip Code _____
Phone # _____ Email Address _____

TRAVELER(S) INFORMATION:

Departure Date from U.S.A.: _____ **Need by this date:** _____ *Rush fees **will be** applied to meet this date **if necessary**

1) Last Name: _____ First Name _____
Passport #: _____ Passport Expires: _____ Date of Birth ____ / ____ / ____

2) Last Name: _____ First Name _____
Passport #: _____ Passport Expires: _____ Date of Birth ____ / ____ / ____

Processing Fees: (check one):

Processing Time:	American Visa of DC Fee:	Department of State Fee:	Money Order Fee:	Fed Ex Shipping Fee	TOTAL
Three weeks :	\$150	\$209.53**	\$25	\$0	\$384.53
Two weeks:	\$250	\$209.53**	\$25	\$0	\$484.53
One Week:	\$350	\$209.53**	\$25	\$0	\$584.53
Less than one week:	\$600	\$190.00**	\$25	\$45	\$860.00

****Please add \$30 to any request including a passport card.**

PAYMENT: (check one):

I authorize American Visa of DC to charge my credit card for payment of passport services.

Card holders' name _____ Number _____ Exp. Date: _____

CVV: _____ Signature _____ Today's Date: _____

Check or Money Order made out to "American Visa of DC" for \$ _____ enclosed.

My company has a prearranged billing agreement.

American Visa of DC Inc. assumes no responsibility for the loss, damage or delay of passports or visas caused by an Embassy, Consulate, government office, postal or courier service, delivery service or travel agency. All service fees and Embassy Fees are NON-REFUNDABLE and not dependant on the visa being issued or declined. Requirements and fees relating to this request are subject to change without notice.

AMERICAN VISA OF DC

1801 Columbia Rd., NW #200 Washington, DC 20009

Phone: 202-462-5908 Fax 202-387-5430 info@americanvisadc.com

Letter of Authorization

Please carefully read the information below before completing this Letter of Authorization.

An individual's personal information cannot be released by the U.S. government to another party without the written consent of the individual under the provisions of the Privacy Act of 1974 ([5 USC 552a](#)). As a result, an employee at a U.S. passport agency cannot discuss the details of your passport application with a third party without your written consent.

Please check **all** that apply:

- ☐ I authorize the company stated below to submit my passport application to a passport agency and pick up the passport from a U.S. passport agency on my behalf.
- ☐ I authorize the passport agency to disclose to the company listed below any requests for further documentation and/or information that that may arise in connection with my passport application, and I authorize the company to respond to such requests under my direction.
- ☐ I do not authorize the passport agency to disclose to the company listed below any requests for further documentation and/or information that may arise with my passport application. I want the passport agency to contact me directly should an issue arise with my passport application that concerns matters other than the date on which the passport will be ready for pick-up from the passport agency.

Applicant Information

(Note: All of the information below may ONLY be filled out by the applicant, parent, legal guardian, or person legally acting in loco parentis)

Applicant Name: _____
(Last Name, First Name, Middle Name)

Applicant Phone No: _____
(Area Code-XXX-XXXX)

Date: _____
(MM/DD/YYYY)

Courier Company Name: _____

Applicant Signature: _____
(If the applicant is under the age of 16 the parent(s), legal guardian(s), or person legally acting in loco parentis must sign)