URGENT
Passport & Visas

1629 K Street NW Suite 300
Washington DC 20006
202-457-4665

Date: _____

Applicant Name: _____

Contact Phone Number: _____

Email: _____

Return Mailing address: _____

_____

COMPANY NAME _____

FOR VISAS ONLY

List of Countries	Type of Visa		# Entries	
_____	[ ] Tourist	[ ] Business	[ ] Single	[ ] Multiple
_____	[ ] Tourist	[ ] Business	[ ] Single	[ ] Multiple
_____	[ ] Tourist	[ ] Business	[ ] Single	[ ] Multiple

PASSPORT APPLICATIONS ONLY:

[ ] New (1st time/or minor)
[ ] Renewal
[ ] Amendment-Pages
[ ] Amendment- Name change
[ ] Others _____

DOCUMENT AUTHENTICATION:

[ ] Power of Attorney Authentications (see other instructions for detail)
[ ] Registration documents (see other instructions for detail)

Special Instructions/Comments:
Return passport/visas to
[ ] Hold For Pick Up at UPV Services Office
[ ] Direct to traveler at the following address:

_____

I the undersigned authorize UPV Services to charge the provided Credit Card for Services rendered and Government Fees (if applicable)

Credit Card Information:
O Visa O Master Card O American Express
Credit Card #:
_____
Name on Card:
_____
Expiration:
_____
CVV Security Code:
_____
Billing Address: _____

Signature _____