

AMERICAN VISA OF DC
1801 Columbia Rd., NW #200, Washington, DC 20009
Tel: 202-462-5908 Fax: 202-387-5430

Email: info@americanvisadc.com or avodc@aol.com www.americanvisadc.com

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

U.S. Passport – Add Pages

Requirements Checklist:

- Current U.S. Passport.
- One signed [U.S. Passport application \(DS 4083\)](#) completed online and bar-coded.
- An authorization letter signed and dated. (Attached below)
- Copy of the flight itinerary from a travel agent/airlines or an original letter with an original signature, or a letter from the employer describing the proposed trip, if traveling on business.
- For 24 hour or Same Day Requests:** Contact our office for a reservation. Packages must be sent by FedEx First Overnight service, signature release, at our hold for pick up location: American Visa of DC, Attn: Passport Processing, 1812 Adams Mill Road NW, Washington DC 20009. Email or fax us the tracking number.

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
8 – 14 Business Days:	\$75	\$142	\$25	\$30	\$277
5 – 7 Business Days:	\$125	\$142	\$25	\$30	\$322
2 - 4 Business Days:	\$200	\$142	\$25	\$30	\$397
24 Hours or Same Day:	\$250	\$142	\$25	\$30	\$447

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: _____

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. Requirements and fees relating to this request are subject to change without notice.

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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: _____ Date: _____
(Area Code-XXX-XXXX) (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)