

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

Email: [info@americanvisadc.com](mailto:info@americanvisadc.com) or [avodc@aol.com](mailto:avodc@aol.com) [www.americanvisadc.com](http://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
<b>8 – 14 Business Days:</b>	<b>\$75</b>	<b>\$142</b>	<b>\$25</b>	<b>\$30</b>	<b>\$277</b>
<b>5 – 7 Business Days:</b>	<b>\$125</b>	<b>\$142</b>	<b>\$25</b>	<b>\$30</b>	<b>\$322</b>
<b>2 - 4 Business Days:</b>	<b>\$200</b>	<b>\$142</b>	<b>\$25</b>	<b>\$30</b>	<b>\$397</b>
<b>24 Hours or Same Day:</b>	<b>\$250</b>	<b>\$142</b>	<b>\$25</b>	<b>\$30</b>	<b>\$447</b>

**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)