



## US Passport – Add Pages

### Passport Requirements:

- Current US passport.
- One US Passport application *completed ONLINE here: [Passport Application Form](#)*
- An authorization letter signed and dated (*See attached*)
- Copy of flight itinerary from a travel agent or a letter from employer describing proposed trip if traveling on business.
- **FOR EMERGENCY REQUESTS: PACKAGES MUST BE SENT USING FED-EX FIRST OR UPS EARLY A.M. SIGNATURE RELEASE. PLEASE FAX A COPY OF APPLICATION AND WORK ORDER.**

### Processing Fees:

Processing Time:	American Visa of DC Fee:	US Government Fee	Fed Ex Shipping Fee	TOTAL
8-14 Business Days:	\$60	\$142	\$30	\$232
4-7 Business Days:	\$75	\$142	\$30	\$247
3 Business Days:	\$125	\$142	\$30	\$297
48 Hours:	\$150	\$142	\$30	\$322
24 Hours:	\$175	\$142	\$30	\$347
EMERGENCY SAME DAY:	\$225	\$142	\$30	\$397

### Jurisdiction:

- Residents of all states can be processed in Washington DC

### Payment Options:

- Payment may be made by personal or Company check, money order or credit card (American Express, Master Card, Visa or Discover)

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1801 Columbia Rd, NW #205, Washington, DC 20009

Tel: 2020-462-5908 Fax: 202-387-5430

Email: [info@americanvisadc.com](mailto:info@americanvisadc.com)

[www.americanvisadc.com](http://www.americanvisadc.com)

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# AMERICAN VISA OF DC

1801 Columbia Road, NW #205, Washington DC 20009

Phone: (202) 462-5908 Fax: (202) 387-5430

[www.americanvisadc.com](http://www.americanvisadc.com)

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

Contact Person's Name: \_\_\_\_\_ Phone and email: \_\_\_\_\_

**SHIPPING INSTRUCTIONS:** *Return completed process to (please check option and provide return address):*

**BUSINESS:** Company Name: \_\_\_\_\_ Contact Name \_\_\_\_\_  
Address \_\_\_\_\_ Apt#/Mail Code \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

**Home:** Special Instructions (if any): \_\_\_\_\_  
Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Apt# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email address: \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

**TRAVELER(S) INFORMATION:**

**Departure Date from U.S.A.:** \_\_\_\_\_ **Must Receive 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 \_\_\_/\_\_\_/\_\_\_

**VISA PROCESSING – Name of country(s) to be visited:** \_\_\_\_\_

**Number of Entries:** (please check)  Single  Double  Multiple (Multiple entries may not be applicable to all countries)

**Type of Service requested:**  Regular  Rush  Same day  
(All types of services may not be available for every country. Please call or email us for details)

**U.S. PASSPORT PROCESSING:**  1st Time (DS-11)  Renewal (DS-82)  Add Pages (DS-4085)  
 2<sup>nd</sup> Passport  Passport Card  Other \_\_\_\_\_

**Type of Service requested:**  
 Regular (8 to 14 days)  Rush (5 to 7 days)  Three Day  Two Day  Next Day  
 SAME DAY (Please call or email us for special instructions before sending).

**PAYMENT:** (check one)

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

Credit Card holders' name \_\_\_\_\_ Number \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

My company has a prearranged billing agreement. Please invoice all charges to:

Same as shipping above.

Address below:

Business Name \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address \_\_\_\_\_ Apt#/Mail Code \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

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. See our website or call for the latest fees and requirement details

# AMERICAN VISA OF DC

1801 Columbia Rd., NW #200 Washington, DC 20009  
Phone: 202-462-5908 Fax 202-387-5430 [info@americanvisadc.com](mailto: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: \_\_\_\_\_ 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)