



US Passport Renewal

Passport Requirements:

- Current or Expired US passport issued within the last 15 years. (Over the age of 16 with the same name or legal document showing name change).
- One US Passport application *completed ONLINE here: [Passport Application Form](#)*
- Two passport sized photos 2" x 2" ONLY (Taken within the last 6 months)
- 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.
- Original name change document.
- **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	\$170	\$30	\$260
4-7 Business Days:	\$75	\$170	\$30	\$275
3 Business Days:	\$125	\$170	\$30	\$325
48 Hours:	\$150	\$170	\$30	\$350
24 Hours:	\$175	\$170	\$30	\$375
EMERGENCY SAME DAY:	\$225	\$170	\$30	\$425

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)

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

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

Email: info@americanvisadc.com

www.americanvisadc.com

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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)
 2nd 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

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)