



## 2<sup>nd</sup> US Passport Request

### Passport Requirements:

- Current 10 year US Passport.
- 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 by applicant (*see attached*).
- Original signed letter from applicant stating need for 2<sup>nd</sup> Passport (*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	\$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)

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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



U.S. PASSPORT OFFICE  
WASHINGTON, D.C.

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_, HEREBY AUTHORIZE AMERICAN VISA OF DC  
TO PROCESS AND PICKUP MY PASSPORT APPLICATION.

SINCERELY,

\_\_\_\_\_  
SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DOB

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DEPARTURE DATE

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STATEMENT REQUESTING SECOND PASSPORT

TO: U.S. DEPARTMENT OF STATE  
WASHINGTON PASSPORT AGENCY

I, THE UNDERSIGNED, BEARER OF PASSPORT NUMBER \_\_\_\_\_  
ISSUED ON \_\_\_\_\_, INTEND TO TRAVEL  
TO \_\_\_\_\_ AND \_\_\_\_\_.  
HOWEVER, IN VIEW OF THE RESTRICTIVE ENTRY POLICIES AND/OR  
DIFFICULTY IN OBTAINING VISAS, IT IS IMPOSSIBLE TO COMPLETE MY  
TRIP UTILIZING ONE PASSPORT.  
MOREOVER, TO CHANGE MY ITINERARY IN ORDER TO UTILIZE ONE  
PASSPORT WILL CAUSE UNDUE HARDSHIPS AND MUCH INCONVENIENCE.

I AM, THEREFORE, REQUESTING THE ISSUANCE OF A SECOND PASSPORT  
FOR TRAVEL TO \_\_\_\_\_ WHICH I UNDERSTAND WILL  
BE VALID ONLY TO THAT COUNTRY OR THAT THE SECOND PASSPORT WILL  
BE ISSUED FOR A LIMITED PERIOD OF TIME.

SHOULD EITHER PASSPORT BE LOST OR STOLEN, I WILL REPORT THE  
CIRCUMSTANCES IMMEDIATELY TO THE PASSPORT OFFICE IN WASHINGTON,  
D.C. OR IF ABROAD, TO THE NEAREST AMERICAN EMBASSY OR CONSULATE.

I UNDERSTAND THAT BOTH PASSPORTS MUST BE SUBMITTED FOR  
INSPECTION OR CANCELLATION WHEN I REQUEST ANY PASSPORT SERVICE  
IN THE FUTURE.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

ATTACHMENT:

LETTER FROM EMPLOYER (IF APPLICABLE) OR TRAVEL ITINERARY