



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

AMERICAN VISA OF DC

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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



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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