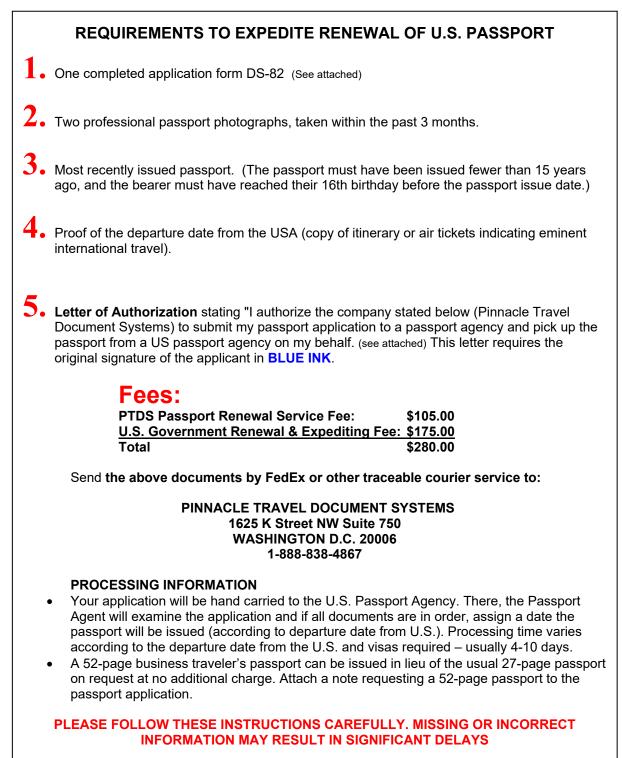


#### Tel: 888 838 4867 + Email: TOUR@PinnacleTDS.com



Please note that application requirements and fees are subject to change without notice. Check or credit card payment accepted. Credit card payment subject to 3.8% surcharge.

## PLEASE BE CERTAIN TO INCLUDE THE FOLLOWING:

- Your existing passport (Issued in the past 15 years and prior to your 16<sup>th</sup> birthday)
- This completed form
- One (1) completed US Government application form DS-82 per person
- One (1) Letter of Authorization *per person* executed in blue ink
- Two (2) professional passport-type photographs per person
- Proof of departure from the U.S.
- Check or credit card authorization below

PLEASE PRINT CLEARLY					
Full Name (1):	Full Name (2):				
Passport #: Exp:/	Passport #: Exp:/ Exp:/				
Home	Home Tel:				
Mailing	Work Tel:				
Address:	Email:				
(FedEx cannot deliver to PO boxes)	Date of Departure from Home: /_/_/////				
Address	Service: US Passport Renewal				
For the	Special Instructions:				
Return of					
Passport:					
Tel:					
Please indicate below if there are known periods during which you will not be available to sign for the return of your passport via FedEx. I will not be at my home and/or return shipping address from <u>Month Day</u> to <u>Month Day</u> / <u>Year</u>					
CREDIT CARD AUTHORIZATION: AMEX / VISA / M	C (please circle one)				
Cardholder Name: Billing Addres	s: Billing Zip Code:				
	/Amount US\$Signature:				
Mo Yr					
PTDS PSPT RENEW (175)105 3.8%					
©2020 Pinnacle Travel Document Systems					

#### Pinnacle Travel Document Systems 1625 K Street NW Suite 750 Washington DC 20006 888-838-4867

### Letter of Authorization

Please carefully read the information below before completing this Letter of Authorization.

An individual's personal information <u>cannot</u> 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. DO NOT CHECK THIS BOX. WE WILL BE UNABLE TO PROCESS YOUR REQUEST FOR PASSPORT SERVICES IF THIS BOX IS CHECKED.

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:
 DOE, JOHNATHAN, BONHAM

 (Last Name, First Name, Middle Name)

 Applicant Phone No:
 987-654-3210

 (Area Code-XXX-XXXX)
 Date:
 TODAY'S DATE

Courier Company Name: \_\_\_\_\_PINNACLE TRAVEL DOCUMENT SYSTEMS

Applicant Signature: \_\_\_\_\_PLEASE DO NOT FORGET TO SIGN HERE

(If the applicant is under the age of 16 the parent(s),legal guardian(s), or person legally acting in loco parentis must sign)

### Pinnacle Travel Document Systems 1625 K Street NW Suite 750 Washington DC 20006 888-838-4867

#### Letter of Authorization

Please carefully read the information below before completing this Letter of Authorization.

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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:		
(Las	t Name, First Name, Middle Name)	
Applicant Phone No:		Date:
	(Area Code-XXX-XXXX)	(MM/DD/YYYY)
Courier Company Nan	ne:	
Applicant Signature: _		
(If the applicant is und	er the age of 16 the parent(s), legal g	uardian(s), or person legally acting in loco

parentis must sign)

Please Print Legibly Using Black this Corp.     Please Print Legible Teach (Standard)     Please Print	U.S. PASSPORT			LE INDIVIDU	EXTINATION DATE. 11-00-2010
	Please select U.S. Passport Boo The U.S. passport card is <u>net</u> ve Regular Book (Sta	Read WARNING on page 1 of instru the document(s) for which you are ok U.S. Passport Card lid for international air travel. For more informatic andard) Large Book (Non-	ctions applying: Both n see page 1 of instructions. -Standard)		ESTIMATED BURDEN: 40 MIN
First Middle 2. Date of Birth (mm/dd/yyyy) 3. Sax A. Place of Birth (City & State if in the U.S., or City & Country as it is presently known.) M all ing Address: Line 1: Street/RFDB, P.O. Box, or URB. Address: Line 2: Clearly label Apartment, Company, Suite, Unit, Building, Floor, In Care Of or Attention if applicable. (e.g., in Care Of - Jane Dee, Aqt # 160) City State Zip Code Country, if outside the United States L List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed) Wur name as printed on your most recent U.S. passport book and/or passport card Your name as printed on your most recent U.S. passport book and/or passport card Most recent passport book number Issue data (mm/dd/yyyy) In American Dee, Street Passport book and/or passport card Most recent passport card number Issue data (mm/dd/yyyy) In American Dee Control Data Terme Parkage (City/State) Data (mm/dd/yyyy) In American Deep values and more in the instat/U.S. passport book on passport card Control Data Data Terme Parkage (City/State) Data (mm/dd/yyyy) In American Data Data Data Data Data Data Data Da	1. Name Last				
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S. Social Socurity Number     6. Email (Info alerte offered al <u>travel.state nov</u> )     7. Primary Contact Phone Number     6					
3. Mailing Address: Line 1: Street/RFD#, P.O. Box, or URB. Address Line 2: Clearly label Apartment, Company, Suite, Unit, Building, Floor, In Care Of or Altention if applicable. (e.g., <i>In Care Of - Janc Doe, Apt # 100</i> ) City State Zip Code Country, if outside the United States 4. Lat all other names you have used. (Examples: Birth Name, Maiden, Provious Marriage, Legal Name Change. Attach additional pages if needed) 6. Lat all other names you have used. (Examples: Birth Name, Maiden, Provious Marriage, Legal Name Change. Attach additional pages if needed) 7. Unit and the spontation of the state	2. Date of Birth (mm/dd/yyyy,		Sirth (City & State if in	n the U.S., or City &	Country as it is presently known.)
	5. Social Security Number	6. Email (Info alerts offer	red at <u>travel.state.go</u> v	() 7. Prim	ary Contact Phone Number
Address Line 2: Clearly label Apartment, Company, Suite, Unit, Building, Floor, In Care Of or Atlention if applicable. (e.g., In Care Of -Jane Doe, Apt # 160) City State Zip Code Country, if outside the United States  a. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed)  b. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed)  b. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed)  c. B.  10. Passport Book and/or Passport Card Information  You name as printed on your most recent U.S. passport book and/or passport card  Most recent passport card number Issue date (mm/dd/yyyy)  11. Name Change Information Complete if name is different than last U.S. passport book or passport card Changed by Marriage Place of Name Change (City/Site)  10. Passe submit a certified copy. (Protocopies are not accepted)  CONTINUE TO PAGE 2  YOU MUST Sice NAD DATE THE APPLICATION IN THE DESIGNATED AREA BELOW  10. dealers under passport book of the following: 11 am a citage of menochanal of the United States and have not, accepted)  10. dealers under sealing of paging will of the following: 11 am a citage of menochanal of the United States and have not, accepted)  10. dealers under sealing of paging will of the following: 11 am a citage of menochanal of the United States and have not, accepted)  10. dealers under sealing of paging will a the following: 11 am a citage of menochanal of the United States and have not, accepted)  10. dealers under sealing of paging will a the following: 11 am a citage of the states and have not, accepted)  11. dealers under sealing of complex or in the accepted of the measure of the biotecopies are not accepted)  12. Control of the biotecopies are and and understood the warming or page one of the instructions to the septication form.  13. Applicat			@		
City       State       Zip Code       Country, if outside the United States         A. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed)       B.         B.       B.       B.         Image: State State State States Sta	. Mailing Address: Line 1: Street/RFD#, I	P.O. Box, or URB.			
b. List all other names you have used. (Examples: Birth Name, Maiden, Previous Mariage, Legal Name Change. Attach additional pages if needed) b. b. b. b. b. c.	Address Line 2: Clearly label Apartment, C	Company, Suite, Unit, Building, Floor,	In Care Of or Attentio	n if applicable. (e.g	I., In Care Of - Jane Doe, Apt # 100)
B.  10. Passport Book and/or Passport Card Information  Your name as printed on your most recent U.S. passport book and/or passport card  And the cent passport card number  I suce date (mm/dd/yyyy)  I suce date (mm/dd/yyy)  I	Sity	State	Zip Code	Country,	if outside the United States
10. Passport Book and/or Passport Card Information         Your name as printed on your most recent U.S. passport book and/or passport card         Your name as printed on your most recent U.S. passport book and/or passport card         Most recent passport book number       Issue date (mm/dd/yyyy)         Issue date (mm/dd/yyyy)         In the passport book number       Issue date (mm/dd/yyyy)         In the passport book nor passport card       Date (mm/dd/yyyy)         In the passport book nor passport card       Date (mm/dd/yyyy)         In the pass	. List all other names you have used. (E	xamples: Birth Name, Maiden, Previo	ous Marriage, Legal N	ame Change. Atta	ch additional pages if needed)
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Most recent passport book number     Issue date (mm/dd/yyyy)     Most recent passport card number     Issue date (mm/dd/yyyy)     Most recent passport card number     Issue date (mm/dd/yyyy)     It. Name Change Information Complete if name is different than last U.S. passport book or passport card     Changed by Marriage     Place of Name Change (City/State)     Date (mm/dd/yyy)     Changed by Court Order     Please submit a certified copy. (Photocopies are not accepted)     CONTINUE TO PAGE 2     YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW     YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW     YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW     YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW     YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW     YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW     YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW     YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW     YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW     YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW     YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW     YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW     YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW     YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW     YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW     YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW     YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW     YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA     Mariage Certificate Date of Marriage/Place Issued:     Court Order Date Filed/Court:     From     Court Order Date Filed/Court:     From     Court Order Date Filed/Court:     For Sign Adve to the applicatin A the place Adve to the application A the	STAPLE				port card
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	Hattach a color photograph taken	Changed by Marriage Place of			
YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW         I declare under penalty of perjury all of the following: 1) I am a citizen or non-citizen national of the United States and have not, since acquiring U.S. citizenship or nationality, performed any of the acts listed under "Acts or Conditions" on page four of the instructions of this application (unless explanatory statement is attached): 2) I have not knowingly and willfully made false statements or included false documents in support of this application; 4) the photograph submitted with this application is a genuine, current photograph of me; and 5) I have read and understood the warning on page one of the instructions to the application form.         x				otocopies are not a	ccepted!)
FOR ISSUING OFFICE ONLY PPT BK C/R PPT BK S/R PPT CD C/R PPT CD S/R	I declare under penalty of perjury all of the follo performed any of the acts listed under "Acts or ( on the application are true and correct; 3) I hav	<b>ST SIGN AND DATE THE APPLICA</b> wing: 1) I am a citizen or non-citizen nati Conditions" on page four of the instructions e not knowingly and willfully made false si	TION IN THE DESIGN ional of the United States s of this application (unle- tatements or included false	and have not, since ss explanatory statem se documents in supp	acquiring U.S. citizenship or nationality, ent is attached); 2) the statements made out of this application; 4) the photograph
FOR ISSUING OFFICE ONLY PPT BK C/R PPT BK S/R PPT CD C/R PPT CD S/R	x		i.		
Marriage Certificate Date of Marriage/Place Issued:   Court Order Date Filed/Court:   From			PPT CD C/R	D S/R	Date
From					
To:	Court Order Date Filed/Court:				
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or Issuing Office Only → Bk Fee Cd Fee EF Postage Other * DS 82 C 08 2013 1 *	Attached:				
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DS-82 01-2017

Page 1 of 2

Name of Applicant (Last, First & Middle)				Date of Birth (mm/dd/yyyy)			
12. Height 13. Hair Color 14. I	Eye Color	15. Occupation	16. Empl	oyer or School (if applicable)			
17. Additional Contact Phone Numbers	Home Cell Work			Home Cell Work			
<b>18. Permanent Address:</b> If P.O. Box is listed u Street/RFD # or URB ( <b>No P.O. Box</b> )	under Mailing Address	or if residence is differen	t from Mailing Address.	Apartment/Unit			
City			State	Zip Code			
<b>19. Emergency Contact</b> - <i>Provide the informa</i> Name		aveling with you to be cor : Street/RFD # or P.O. Bo		gency. Apartment/Unit			
City	State Zip C	ode Phone	Number Re	lationship			
<b>20. Travel Plans</b> Departure Date ( <i>mm/dd/yyyy</i> ) Return Date ( <i>m</i>	<i>m/dd/yyyy)</i> Countrie	es to be visited					
	STOP! YOU HAVE COMPLETED YOUR APPLICATION BE SURE TO SIGN AND DATE PAGE ONE						
WH	ERE DO I M/	AIL THIS APP	LICATION?				
	If applying in the	United States or Canad	<u>la:</u>				
FOR ROUTINE SERVICE (If you live in CA, FL, IL, MN, NY, or TX): National Passport Processing Center P.O. Box 640155 Irving, TX 75064-0155	any other state or	Canada): t Processing Center	FOR EXPEDITED SERV state or Canada): National Passport Proces P.O. Box 90955 Philadelphia, PA 19190-0	ssing Center			
Because of the sensitivity of the enclosed docu	Because of the sensitivity of the enclosed documents, Passport Services recommends using trackable mailing service when submitting your application.						
If applying outside the United States or Canada:							
United States citizens residing outside the L www.usembassy.gov to find th							
			* I	DS 82 C 08 2013 2 *			