



Tel: 888 838 4867 ♦ Email: [TOUR@PinnacleTDS.com](mailto:TOUR@PinnacleTDS.com)

## REQUIREMENTS TO EXPEDITE SECOND U.S. PASSPORT

- 1.** One completed application form DS-82 (See attached)
- 2.** Two professional passport photographs, taken within the past 3 months. Eyeglasses may NOT be worn in photographs.
- 3.** Currently valid passport.
- 4.** Proof of the departure date from the USA (copy of itinerary or air tickets indicating eminent international travel).
- 5.** **Letter of Authorization** stating "I authorize the company stated below (Pinnacle Travel Document Systems) to submit my passport application to a passport agency and pick up the passport from a US passport agency on my behalf. (see attached) This letter requires the original signature of the applicant in **BLUE INK**."
- 6.** Letter "Attn: U.S. Passport Agency" on personal or business letterhead detailing the need for and requesting the second passport. (see attached sample)

### **Fees:**

<b>PTDS Second Passport Service Fee:</b>	<b>\$105.00</b>
<b><u>U.S. Government Renewal &amp; Expediting Fee:</u></b>	<b><u>\$175.00</u></b>
<b>Total</b>	<b>\$280.00</b>

Send **the above documents by FedEx or other traceable courier service to:**

**PINNACLE TRAVEL DOCUMENT SYSTEMS  
1625 K Street NW Suite 750  
WASHINGTON D.C. 20006  
1-888-838-4867**

### **PROCESSING INFORMATION**

- Your application will be hand carried to the U.S. Passport Agency. There, the Passport Agent will examine the application and if all documents are in order, assign a date the passport will be issued (according to departure date from U.S.). Processing time varies according to the departure date from the U.S. and visas required – usually 4-10 days.
- You may request a 52 page passport by checking the appropriate box on your application.

**PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY. MISSING OR INCORRECT INFORMATION MAY RESULT IN SIGNIFICANT DELAYS**

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 currently valid passport
- ◆ 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**
- ◆ One (1) Letter detailing need for and requesting second passport *per person*
- ◆ 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: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo Yr Mo Yr

Home \_\_\_\_\_ Home Tel: \_\_\_\_\_

Mailing \_\_\_\_\_ Work Tel: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
(FedEx cannot deliver to PO boxes) Date of Departure from Home: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Address \_\_\_\_\_ Service: **US Passport Second**

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 \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year Month Day Year

**CREDIT CARD AUTHORIZATION:** AMEX / VISA / MC (please circle one)

Cardholder Name: \_\_\_\_\_ Billing Address: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Card #: \_\_\_\_\_ CID# \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount US\$ \_\_\_\_\_ Signature: \_\_\_\_\_  
Mo Yr

PTDS PSPT SECOND (175)105 3.8%

**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 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)

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**To: U.S. Department of State  
Passport Agency**

I, \_\_\_\_\_,  
bearer of current US passport number \_\_\_\_\_ issued on \_\_\_\_\_ am  
currently scheduled to travel internationally to the following places on the following dates:

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I will need to obtain visas in conjunction with my planned travel to the countries listed below. Because of the time required to process the necessary visas it is not practical for me to use my existing passport for other planned international travel during significant periods.

I respectfully request that you issue a second passport for my use to obtain the necessary visas and/or to facilitate my travel while visas are being processed in my existing passport.

Should either passport be lost or stolen, I will report the circumstances immediately to the Passport Agency, or, if abroad, to the nearest American Embassy or Consulate General.

I understand that **both** passports must be submitted for inspection or cancellation when I request any passport service in the future.

Thank you.

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Signature of Applicant

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Signature of parent if applicant is under age 18

**Complete if Applicable:**

I am requesting that my application for passport be expedited, as I will also be required to apply for visas for the following countries:

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**Name of Applicant** *(Last, First & Middle)* \_\_\_\_\_ **Date of Birth** *(mm/dd/yyyy)* \_\_\_\_\_

<b>12. Height</b>	<b>13. Hair Color</b>	<b>14. Eye Color</b>	<b>15. Occupation</b>	<b>16. Employer or School</b> <i>(if applicable)</i>
_____	_____	_____	_____	_____

**17. Additional Contact Phone Numbers**

_____	<input type="checkbox"/> Home <input type="checkbox"/> Cell	_____	<input type="checkbox"/> Home <input type="checkbox"/> Cell
_____	<input type="checkbox"/> Work	_____	<input type="checkbox"/> Work

**18. Permanent Address:** *If P.O. Box is listed under Mailing Address or if residence is different from Mailing Address.*

Street/RFD # or URB *(No P.O. Box)* \_\_\_\_\_ Apartment/Unit \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**19. Emergency Contact** - *Provide the information of a person not traveling with you to be contacted in the event of an emergency.*

Name	Address: Street/RFD # or P.O. Box	Apartment/Unit		
_____	_____	_____		
City	State	Zip Code	Phone Number	Relationship
_____	_____	_____	_____	_____

**20. Travel Plans**

Departure Date <i>(mm/dd/yyyy)</i>	Return Date <i>(mm/dd/yyyy)</i>	Countries to be visited
_____	_____	_____

**STOP! YOU HAVE COMPLETED YOUR APPLICATION  
BE SURE TO SIGN AND DATE PAGE ONE**

**WHERE DO I MAIL THIS APPLICATION?**

**If applying in the United States or Canada:**

<b>FOR ROUTINE SERVICE</b> (If you live in CA, FL, IL, MN, NY, or TX): National Passport Processing Center P.O. Box 640155 Irving, TX 75064-0155	<b>FOR ROUTINE SERVICE</b> (If you live in any other state or Canada): National Passport Processing Center P.O. Box 90155 Philadelphia, PA 19190-0155	<b>FOR EXPEDITED SERVICE</b> (Additional Fee, any state or Canada): National Passport Processing Center P.O. Box 90955 Philadelphia, PA 19190-0955
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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 U.S. or Canada **CANNOT** submit this form to domestic addresses listed above. Such applicants should visit [www.usembassy.gov](http://www.usembassy.gov) to find the nearest U.S. Embassy or Consulate for procedures for applying outside the United States.

