

Tel: 888 838 4867 ♦ Email: TOUR@PinnacleTDS.com

REQUIREMENTS TO EXPEDITE RENEWAL OF U.S. PASSPORT

- 1. One completed application form DS-82 (See attached)
- 2. Two professional passport photographs, taken within the past 3 months.
- 3. Most recently issued passport. (The passport must have been issued fewer than 15 years ago, and the bearer must have reached their 16th birthday before the passport issue date.)
- 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.

Fees:

PTDS Passport Renewal Service Fee: \$105.00 U.S. Government Renewal & Expediting Fee: \$175.00 FedEx Return (per household) \$36.00 Total \$316.00

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.
- A 52-page business traveler's passport can be issued in lieu of the usual 27-page passport on request at no additional charge. Attach a note requesting a 52-page passport to the passport application.

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

Please note that shipping fees, 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 16th 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:/				
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:					
of your passport via FedEx.	uring which you will not be available to sign for the return				
I will not be at my home and/or return shipping add	dress from/to// 				
CREDIT CARD AUTHORIZATION: AMEX / VISA /	MC (please circle one)				
Cardholder Name: Billing Add	ress: Billing Zip Code:				
	/ Amount US\$Signature:				
PTDS PSPT RENEW(175)105 FX36 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.
X 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. DØ 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 Date: TODAY'S DATE
(Area Code-XXX-XXXX) (MM/DD/YYYY)
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)

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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. Applicant Information
(21)	
(Note	: All of the information below may ONLY be filled out by the applicant, parent, legal guardian, or person legally acting in loco parentis)
Annlic	ant Name:
пррпс	(Last Name, First Name, Middle Name)
Applic	ant Phone No: Date:
	(Area Code-XXX-XXXX) (MM/DD/YYYY)
Courie	r Company Name:
	ant Signature:
	applicant is under the age of 16 the parent(s),legal guardian(s), or person legally acting in loco s must sign)



U.S. PASSPORT RENEWAL APPLICATION FOR ELIGIBLE INDIVIDUALS OMB CONTROL NO. 1405-0020 EXPIRATION DATE: 11-30-2019 ESTIMATED BURDEN: 40 MIN

Attention: Read WARNING on page 1 of instructions Please select the document(s) for which you are applying:	ESTIMATED BONDER, 45 WIIN				
U.S. Passport Book The U.S. passport card is not valid for international air travel. For more information see page 1 of instructions. Regular Book (Standard) Large Book (Non-Standard) Note: The large book option is for those who frequently travel abroad during the passport validity period, and is recommended for applicants who have previously required the addition of visa pages.					
Name Last	D DP DOTS Code				
First Middle	End,# Exp.				
	he U.S., or City & Country as it is presently known.)				
5. Social Security Number 6. Email (Info alerts offered at <u>travel.state.gov</u>)	7. Primary Contact Phone Number				
@					
8. 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 Attention	if applicable. (e.g., In Care Of - Jane Doe, Apt # 100)				
City State Zip Code	Country, if outside the United States				
9. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name).A.B.	ne Change. Attach additional pages it needed)				
10. Passport Book and/or Passport Card Information Your name as printed on your most recent U.S. passport b Most recent passport book number	10. Passport Book and/or Passport Card Information Your name as printed on your most recent U.S. passport book and/or passport card				
Nost recent passport card number	Issue date (mm/dd/yyyy)				
11. Name Change Information Complete if name is difference of Name Change (City/State of Name Change (
Please submit a certified copy. (Phot	ocopies are not accepted!)				
YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNA' I declare under penalty of perjury all of the following: 1) I am a citizen or non-citizen national of the United States a performed any of the acts listed under "Acts or Conditions" on page four of the instructions of this application (unless on the application are true and correct; 3) I have not knowingly and willfully made false statements or included false submitted with this application is a genuine, current photograph of me; and 5) I have read and understood the warning	and have not, since acquiring U.S. citizenship or nationality, explanatory statement is attached); 2) the statements made documents in support of this application; 4) the photograph				
X — Applicant's Legal Signature	Date				
FOR ISSUING OFFICE ONLY PPT BK C/R PPT BK S/R PPT CD C/R PPT CD					
Marriage Certificate Date of Marriage/Place Issued:					
Court Order Date Filed/Court:					
From					
To:					
Other:					
Attached:					
For Issuing Office Only	* DS 82 C 08 2013 1 *				

Name of Applicant (Last, Firs	st & Middle)							Date of Birt	h (mm/dd/yyyy)
12. Height 13. Hair Color	14. Eye	Color		15. Occupati	on		16. E	mployer or Sch	ool (if applicable,
17. Additional Contact Phone	e Numbers					-			
		Home Work	Cell					Home Work	
18. Permanent Address : If P. Street/RFD # or URB (No P.O.		er Mailing Add	dress <u>c</u>	<u>or</u> if residence i	s differen	nt from Mailing	Address.	Ара	artment/Unit
City							State	Zip Code	
19. Emergency Contact - Pro	ovide the information			aveling with you : Street/RFD#			vent of an e	emergency.	Apartment/Unit
City		State	Zip Co	ode	Phone	e Number		Relationship	
20. Travel Plans									
Departure Date (mm/dd/yyyy)	Return Date (mm/d	d/yyyy) Co	ountrie	es to be visited					
	STOP! YO			MPLETEI GN AND I					
	WHER	RE DO I	MA	AIL THIS	APP	LICATIO	N?		
		If applying	in the	United States	or Cana	da:			
FOR ROUTINE SERVICE CA, FL, IL, MN, NY, or TX National Passport Process): a	ny other sta	ate or			state or Ca	nada):	RVICE (Addition	

Irving, TX 75064-0155

P.O. Box 90155 Philadelphia, PA 19190-0155

P.O. Box 90955 Philadelphia, PA 19190-0955

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 to find the nearest U.S. Embassy or Consulate for procedures for applying outside the United States.

* DS 82 C 08 2013 2 *