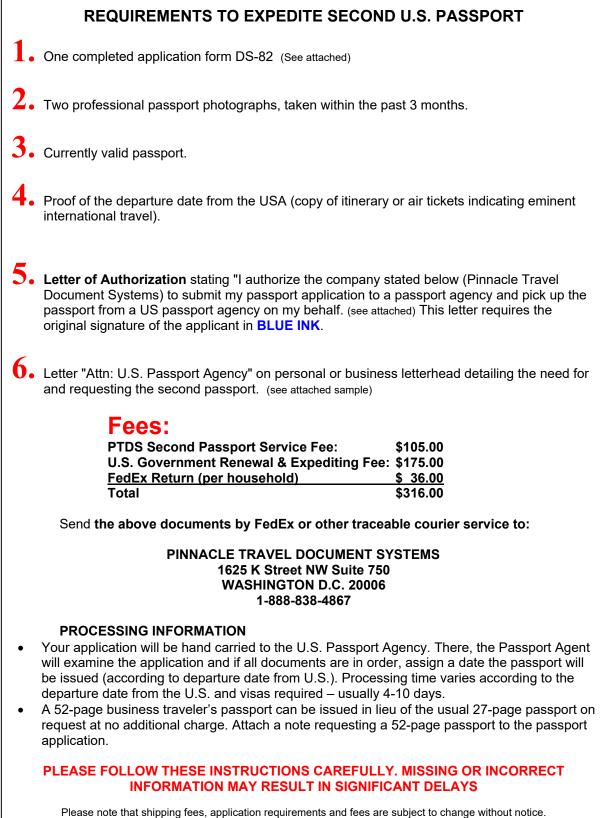


Tel: 888 838 4867 + Email: TOUR@PinnacleTDS.com



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 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: /	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 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 <u>//</u> to <u>/</u>					
CREDIT CARD AUTHORIZATION: AMEX / VISA / MC (please circle one)					
	ss: Billing Zip Code:				
	_/Amount_US\$Signature:				
PTDS PSPT SECOND (175)105 FX36 3.8%					
©2020 Pinnacle Travel Document Systems					

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:

- X 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. 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: <u>987-654-3210</u> (Area Code-XXX-XXXX) Date: <u>TODAY'S DATE</u> (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)

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:		
	st Name, First Name, Middle Name)	
Applicant Phone No:		Date
Applicant i none No.	(Area Code-XXX-XXXX)	Date:(MM/DD/YYYY)
Courier Company Nat	ne:	
••		
(If the applicant is und	ter the age of 16 the parent(s), legal g	uardian(s), or person legally acting in loco

parentis must sign)

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

Ι,

bearer of current US passport number issued on currently scheduled to travel internationally to the following places on the following dates:

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.

Signature of Applicant

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:

am

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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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 as printed on your most recent U.S. passport book and/or passport card 10. Passport Book and/or Passport Card Information 11. Parseport Book and/or Passport Card Information 12. Unit and as printed on your most recent U.S. passport book and/or passport card Most recent passport book number 13. Name Change Information Complete if name is different than last U.S. passport book or passport card 14. Determent passport Sock under Passport Card Information Complete if name is different than last U.S. passport book or passport card 15. CONTENDE TO PARCE 2: Not States and the instruction of the solution of the solut	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 I saue date (mm/dd/yyyy) Information Prove Change Change (StylStele) CONTINUE TO PAGE 2 Continue or spatial of the following: 11 am a nation or non-cleare national of the United States and have not, accepted) Control the application is a genuine, current photograph of me, and 5) have read and understood the warming or page one of the Instructions to the application formation Address Unit a certified copy. (Protocopies are not accepted) Control to the blocker, 11 am a nation or mon-cleare national of the United States and have not, accepted) Control to the blocker, 11 am a nation or mon-cleare national of the United States and have not, accepted) Control to the blocker, 11 am a nation or mon-cleare national of the United States and have not, accepted) Control to the blocker, 11 am a nation or mon-cleare national of the United States and have not, accepted) Control the application is a genuine, current photograph of me, and 5) have need and understood the warming or page one of the Instructions to the application formation Address Under States and the United States and have n			@		
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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	ST SIGN AND DATE THE APPLICA 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
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Marriage Certificate Date of Marriage/Place Issued: Court Order Date Filed/Court: From			PPT CD C/R 🗌 PPT C	D S/R	Date
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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		
18. Permanent Address: If P.O. Box is listed u Street/RFD # or URB (No P.O. Box)	under Mailing Address	or if residence is differen	t from Mailing Address.	Apartment/Unit		
City			State	Zip Code		
19. Emergency Contact - <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		
20. Travel Plans 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	iments, Passport Servi	ces recommends using t	ackable 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 *		