



Just Passports

600 West 9th Street, Suite B

Austin, TX 78701

512-263-7578 or 877-771-RUSH (7874)

www.justpassports.com

REPLACING A LOST, STOLEN, OR MUTILATED PASSPORT

ELIGIBILITY:

- YOU HAD A VALID PASSPORT, BUT WAS LOST OR STOLEN; **OR**
- YOU HAVE A PASSPORT, BUT IT HAS BEEN DAMAGE OR MUTILATED.

YOU MUST BRING THE DOCUMENTS LISTED BELOW AND APPEAR IN PERSON AT YOUR [LOCAL ACCEPTANCE AGENT](#). THEY WILL WITNESS YOUR SIGNATURE AND THEN SEAL EVERYTHING IN A SEALED ENVELOPE, YOU WILL HAVE FIVE DAYS TO PRESENT THE SEALED ENVELOPE TO THE PASSPORT AGENCY FROM THE DAY IT WAS SEALED.

1. APPLICATION FORM DS-11 ([CLICK HERE](#)) MUST BE COMPLETED ONLINE AND PRINTED OUT.
 - DO NOT SIGN THE APPLICATION DS-11 UNTIL THE ACCEPTANCE AGENT HAS ASK YOU TO DO SO.
 - IF THE APPLICANT IS 16 OR 17 YEARS OF AGE WITHOUT A VALID DRIVER LICENSE, A LEGAL GUARDIANS' SIGNATURE IS REQUIRED ON THE APPLICATION DS-11.
2. APPLICATION FORM DS-64 ([CLICK HERE](#)) FULLY COMPLETED AND SIGNED. THIS FORM IS ONLY USED IF YOU HAVE LOST YOUR CURRENT PASSPORT OR IF IT WAS STOLEN.
3. STATEMENT LETTER EXPLAINING WHY THE PASSPORT WAS DAMAGED OR MUTILATED, PLEASE ATTENTION THIS LETTER TO THE DEPARTMENT OF STATE AND PLEASE BE VERY DETAILED.
4. ORIGINAL CERTIFIED COPY OF YOUR U.S. BIRTH CERTIFICATE THAT WAS ISSUED BY THE STATE OF WHERE YOU WERE BORN, ORIGINAL EXPIRED U.S. PASSPORT, **OR** ORIGINAL NATURALIZATION CERTIFICATE. PLEASE SEND IN THE DAMAGED MUTILATED PASSPORT AS WELL. ([CLICK HERE](#)) FOR MORE DETAILS.
5. ONE (1) COLOR PASSPORT TYPE PHOTOGRAPH (2"x2") WITH A WHITE BACKGROUND - NO GLASSES. ([CLICK HERE](#)) FOR MORE DETAILED PHOTO REQUIREMENTS.
6. ONE ORIGINAL TYPED LETTER OF AUTHORIZATION. (**SEE BELOW**)
7. \$170.00 CHECK OR MONEY ORDER MADE PAYABLE TO "DEPARTMENT OF STATE". YOU WILL HAVE TO PAY THE ACCEPTANCE AGENT AN ADDITIONAL \$35.00. THE DEPARTMENT OF STATE DOES NOT ACCEPT TEMPORARY CHECKS.

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8. PROOF OF INTERNATIONAL DEPARTURE THAT SHOWS YOU DEPARTING WITHIN 2 WEEKS OR 4 WEEKS IF YOU NEED A TRAVEL VISA TOO.
 - CONFIRMED TRAVEL ITINERARY; **OR**
 - COMPANY LETTER OF EXPEDITE (***SEE BELOW FOR EXAMPLE***)
9. COPY (FRONT AND BACK) OF YOUR VALID DRIVER LICENSE OR VALID STATE ISSUED I.D. (YOU WILL HAVE TO SHOW THE ACCEPTANCE AGENT THE ORIGINAL AS WELL)
10. COPIES OF ALL OF THE ABOVE AND PLEASE STAPLE THEM TO THE WORK ORDER.



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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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Example of the Company Letter of Expedite

Please place this letter on your letter head

Date: _____

Dear Passport Representative:

Mr./Mrs. _____ is one of our employees who is engaged
as a (n) _____ (position) _____ in the _____ division of _____ (company name) _____

Mr./Mrs. _____ has an urgent international departure to
_____ (destination) _____ on _____ (date) _____ for the purpose of _____. He/She will be
traveling on _____ (name of airlines) _____ and will be staying in _____ (destination) _____ for a period
_____ days. Please expedite his/her passport at your earliest convenience. Thank you for
your assistance.

Thank you,

(supervisor's signature)



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WORK ORDER

DEPARTURE DATE: _____ NEED BY DATE: _____

VISA NEEDED? _____ YES _____ NO IF YES, WHAT COUNTRY? _____

APPLICANT'S INFORMATION

(FIRST NAME) (MIDDLE NAME) (LAST NAME)

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER (LAST 4 DIGITS) _____

JUST PASSPORTS SERVICE FEES (CHECK ONE)

_____ \$225.00 – 4-7 BUSINESS DAY PROCESSING (*LIMITED - PLEASE CALL FOR DETAILS*)

_____ \$350.00 – 1-3 BUSINESS DAY PROCESS (*LIMITED - PLEASE CALL FOR DETAILS*)

_____ \$10.00 – PASSPORT PHOTO'S (PROCESSED IN MINUTES)

ALL PROCESSING TIME STARTS ONCE THE PASSPORT REQUEST HAS BEEN SUBMITTED TO THE PASSPORT AGENCY

RETURN DELIVERY FEE

_____ \$30.00 – FEDERAL EXPRESS (MONDAY – FRIDAY)

_____ \$50.00 – FEDERAL EXPRESS (SATURDAY) – NOT ALWAYS AVAILABLE

_____ \$0.00 – PREPAID RETURN DELIVERY AIR BILL ENCLOSED

_____ \$0.00 – P/UP AT JUST PASSPORTS OFFICE

TOTAL AMOUNT: \$ _____

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CONTACT/RETURN ADDRESS

CONTACT NAME: _____

COMPANY NAME (IF APPLICABLE): _____

STREET (NO P.O. BOX): _____

SUITE/APT. NUMBER: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER #1: _____

PHONE NUMBER #2: _____

EMAIL ADDRESS: _____

PAYMENT METHOD

CARD TYPE: _____ CVV NUMBER: _____

CARD NUMBER: _____ EXPIRATION DATE: _____

AUTHORIZED AMOUNT TO BE CHARGED TO THE CREDIT CARD: \$ _____

CARD HOLDER NAME: _____

SIGNATURE: _____ DATE: _____

OR

PAY BY CASH, CHECK, OR MONEY ORDER.

IMPORTANT NOTE

TERMS AND CONDITIONS ARE LISTED ON www.justpassports.com. REQUIREMENTS AND FEES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTICE, AND ALL FEES ARE NON-REFUNDABLE. THE PASSPORT AGENCY RESERVES THE RIGHT TO PRIORITIZE THE PROCESSING TIME ACCORDING TO THE INTERNATIONAL DEPARTURE DATE.

“THE PASSPORT & VISA PROS”