



Just Passports

600 West 9th Street, Suite B

Austin, TX 78701

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

www.justpassports.com

WORK ORDER – AUTHENTICATION (DC)

DEPARTURE DATE: _____ NEED BY DATE: _____

APPLICANT'S INFORMATION

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

SECRETARY OF STATE (DC) FEES (CHECK ONE)

_____ \$8.00 – AUTHENTICATION (PER CERTIFICATE)

JUST PASSPORTS SERVICE FEES (CHECK ONE)

_____ \$100.00 – 6-10 DAY PROCESSING (PER CERTIFICATE)

_____ \$130.00 – 3-5 DAY PROCESSING (PER CERTIFICATE)

RETURN DELIVERY FEE

_____ \$30.00 – FEDERAL EXPRESS

_____ \$0.00 – PREPAID RETURN DELIVERY AIR BILL ENCLOSED

TOTAL AMOUNT: \$ _____

CONTINUED...



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RETURN DELIVERY 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: _____
(AMEX OR DISCOVER ONLY)

CARD NUMBER: _____ EXPIRATION DATE: _____

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

CARD HOLDER NAME: _____

SIGNATURE: _____ DATE: _____

OR

PAY BY CASH, COMPANY CHECK, OR MONEY ORDER. SORRY WE DO NOT ACCEPT PERSONAL CHECKS.

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”



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APOSTILLE/AUTHENTICATION- DC

1. SIGNED APPLICATION (SEE BELOW).
2. COPIES OF ALL OF THE ABOVE AND PLEASE STAPLE THEM TO THE WORK ORDER.

Authentications Cover Letter



Authentications Office
(A/OPR/GSM/AUTH)
518 23rd Street, N.W.
State Annex 1
Washington, DC 20520

Date: _____

Name: _____

Address: _____

Daytime Telephone Number: _____

Country Each Document will go to: _____

Fee is US currency of \$8.00 for each document to be processed, made payable to the **U.S. DEPARTMENT OF STATE.**

Number of Documents _____ X \$8.00= \$_____

Payment is enclosed: _____ Check# _____ or
_____ Money Order

Optional – Return documents by (please check if enclosed):

_____ Self-Addressed Stamped Envelope

_____ Overnight Delivery envelope of label (must have account # pre-printed by the delivery company or have pre-paid postage stamp from the delivery company)

Notes or Special Instructions: