

# UNITED CREW PASSPORT RENEWAL CHECKLIST

--FILL OUT ALL FORMS LISTED BELOW

--PRINT OUT ALL FORMS SINGLE-SIDED

--FILL OUT & SIGN ALL DOCUMENTS WITH THE SAME PEN IN SAME INK COLOR. USE BLACK BALL POINT PEN. NO SHARPIE LOOKING PENS PLEASE

--YOU CAN INCLUDE CHINESE VISA PAPERWORK IN THE SAME PACKAGE

- ORIGINAL PASSPORT (must be signed and NOT damaged)
- TWO PHOTOS (must be recently taken with last 2-3 months, on white background and sharp)
- ONE APPLICATION DS-82
- ONE LETTER OF AUTHORIZATION FOR AMERICAN VISA SERVICE
- ONE LETTER OF AUTHORIZATION FOR PASSPORT PLUS VISA SERVICE
- ONE LETTER OF AUTHORIZATION FOR INT'L VISA SERVICE
- COPY OF CREW ID (FRONT & BACK)
- AVS ORDER FORM
- IF YOUR NAME CHANGED, INCLUDE ORIGINAL OR CERTIFIED COPY OF THE NAME CHANGE DOCUMENT (IT WILL BE RETURNED TO YOU ONCE NEW PASSPORT IS ISSUED)

COST: \$380- \$420.00 (fees will be reimbursed by United)

PROCESSING TIME: 7-10 DAYS

MAIL THE DOCUMENTS LISTED ABOVE TO:

**AMERICAN VISA SERVICE**  
**ATTN.: VALENTINA MEEHAN**  
**44081 PIPELINE PLAZA, STE 210**  
**ASHBURN VA 20147**



# U.S. PASSPORT RENEWAL APPLICATION FOR ELIGIBLE INDIVIDUALS

OMB CONTROL NO. 1406-0020  
EXPIRATION DATE: 03-31-2023  
ESTIMATED BURDEN: 40 MIN

For information or questions, visit the official Department of State website at [travel.state.gov](http://travel.state.gov) or contact the National Passport Information Center (NPIC) at 1-877-487-2778 (TDD/TTY: 1-888-874-7793) or [NPIC@state.gov](mailto:NPIC@state.gov).

## CAN I USE THIS FORM?

- Yes  No I can submit my most recent U.S. passport book and/or card with this application.
- Yes  No I was at least 16 years old when my most recent U.S. passport book and/or card was issued.
- Yes  No I was issued my most recent U.S. passport book and/or card less than 15 years ago.
- Yes  No The U.S. passport book and/or card that I am renewing **has not** been mutilated, damaged, or reported lost or stolen.
- Yes  No My U.S. passport was not limited to less than the normal ten-year validity period due to passport damage/mutilation, multiple passport thefts/losses, or non-compliance with 22 C.F.R. 51.41.  
(Refer to the last page of your U.S. passport book for endorsement information.)
- Yes  No My name has not changed since my most recent U.S. passport book and/or card was issued.
- OR--**
- Yes  No My name has changed by marriage or court order, and I can submit proper certified documentation to reflect my name change.

**If you answered no to any of the statements above, STOP. You cannot use this form.**

**You must apply on form DS-11, Application for a U.S. Passport by making a personal appearance before an acceptance agent authorized to accept passport applications. Visit [travel.state.gov](http://travel.state.gov) to find your nearest acceptance facility.**

## NOTICE TO APPLICANTS RESIDING ABROAD

United States citizens residing outside the U.S. and Canada **cannot** submit this form to the domestic addresses listed below. Such applicants should visit [usembassy.gov](http://usembassy.gov) to find the nearest U.S. embassy or consulate for procedures for applying outside the United States.

## WHERE DO I MAIL THIS APPLICATION?

The Department recommends using trackable mailing service when submitting your application.

**FOR ROUTINE SERVICE** (If you live in CA, FL, IL, MN, NY, or TX):  
National Passport Processing Center  
PO Box 640155  
Irving, TX 75064-0155

**FOR ROUTINE SERVICE** (If you live in any other state or Canada):  
National Passport Processing Center  
PO Box 90155  
Philadelphia, PA 19190-0155

**FOR EXPEDITED SERVICE** (Additional Fee, from any state or Canada):  
National Passport Processing Center  
PO Box 90955  
Philadelphia, PA 19190-0955

**Expedited Service:** Available for an additional fee. Our website [travel.state.gov](http://travel.state.gov) contains updated information regarding fees and processing times for expedited service. Expedited service is only available for passports mailed in the United States and Canada. Please include the appropriate fee with your payment. Please write "Expedite" on the outer envelope when mailing.

**1-2 Day Delivery:** Available for an additional fee. This service is only available for passport book (and not passport card) mailings in the United States. Please include the appropriate fee with your payment.

**NOTE:** To ensure minimal processing time for expedited applications, the Department recommends using 1-2 day delivery service to submit the application and to include the appropriate postage fee for 1-2 day return delivery for the newly issued passport book. Please visit [travel.state.gov](http://travel.state.gov) for updated information regarding fees, processing times, or to check the status of your passport application online.

If you choose to provide your email address in item #6 on page 1 of this application, the Department may use that address to contact you in the event there is a problem with your application or if you need to provide additional information.



U.S. Department of State  
**U.S. PASSPORT RENEWAL APPLICATION FOR ELIGIBLE INDIVIDUALS**

OMB CONTROL NO. 1405-0020  
 EXPIRATION DATE: 03-31-2023  
 ESTIMATED BURDEN: 40 MIN

*Use black ink only. If you make an error, complete a new form. Do not correct.*

**Select document(s) for which you are applying:**

U.S. Passport Book     U.S. Passport Card     Both

The U.S. passport card is **not** valid for international air travel. (See instruction page 3)

Regular Book (Standard)     Large Book (Non-Standard)

The large book is for frequent international travelers who need more visa pages.

D     O     S     NFR

End. # \_\_\_\_\_ Exp. \_\_\_\_\_

**1. Name Last** (Your name must match previous passport or name change document)

\_\_\_\_\_

First

Middle

\_\_\_\_\_

**2. Date of Birth** (mm/dd/yyyy)

\_\_\_\_/\_\_\_\_/\_\_\_\_

**3. Sex**

M     F

**4. Place of Birth** (City & State if in the U.S., or City & Country as it is presently known)

\_\_\_\_\_

**5. Social Security Number**

\_\_\_\_-\_\_\_\_-\_\_\_\_

**6. Email** (See application status at [passportstatus.state.gov](http://passportstatus.state.gov))

\_\_\_\_\_

**7. Primary Contact Phone Number**

\_\_\_\_-\_\_\_\_-\_\_\_\_

**8. Mailing Address Line 1:** (Street/RFD#, P.O. Box, or URB)

\_\_\_\_\_

**Address Line 2:** (Include Apartment, Suite, In Care Of or Attention if applicable.)

\_\_\_\_\_

City

State

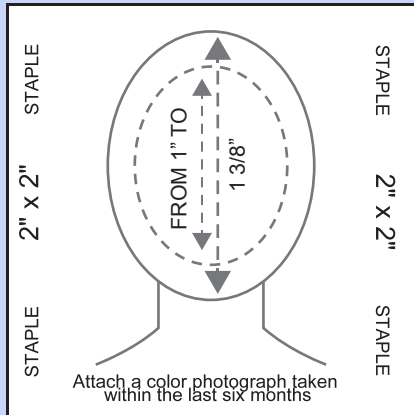
Zip Code

Country (if outside the United States)

\_\_\_\_\_

**9. List all other names you have used.** (Example: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed.)

A. \_\_\_\_\_ B. \_\_\_\_\_



**10. U.S. Passport Information**

Your name as printed on your most recent U.S. passport book and/or passport card

\_\_\_\_\_

Most recent U.S. passport book number

\_\_\_\_\_

Book Issue date (mm/dd/yyyy)

\_\_\_\_/\_\_\_\_/\_\_\_\_

Most recent U.S. passport card number

\_\_\_\_\_

Card Issue date (mm/dd/yyyy)

\_\_\_\_/\_\_\_\_/\_\_\_\_

**11. 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/yyyy)

Changed by Court Order

\_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

Please submit a certified copy.

**CONTINUE TO PAGE 2**

**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 performed any of the acts listed under "Acts or Conditions" on page 4 of the instructions of this application (unless explanatory statement is attached); 2) the statements made on the application are true and correct; 3) 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 4 of the instructions to the application form.

x \_\_\_\_\_

**Applicant's Legal Signature**

\_\_\_\_\_

**Date**

**FOR ISSUING OFFICE ONLY**

PPT BK C/R     PPT BK S/R     PPT CD C/R     PPT CD S/R

Marriage Certificate

Date of Marriage/Place Issued:

Court Order

Date Filed/Court:

From \_\_\_\_\_

To: \_\_\_\_\_

Other:

Attached:

For Issuing Office Only → Bk Fee \_\_\_\_\_ Cd Fee \_\_\_\_\_ EF \_\_\_\_\_ Postage \_\_\_\_\_ Other \_\_\_\_\_



DS 82 C 03 2020 1

|  |                       |   |                       |  |   |
|--|-----------------------|---|-----------------------|--|---|
| <b>Name of Applicant</b> <i>(Last, First &amp; Middle)</i>   |                       |   |                       | <b>Date of Birth</b> <i>(mm/dd/yyyy)</i>             |   |
|  |                       |   |                       |  |   |
| <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> |   |
|  |                       |   |                       |  |   |
| <b>17. Additional Contact Phone Numbers</b>  |                       |   |                       |  |   |
|  |                       | <input type="checkbox"/> Home <input type="checkbox"/> Cell |                       |  | <input type="checkbox"/> Home <input type="checkbox"/> Cell |
|  |                       | <input type="checkbox"/> Work <input type="checkbox"/>      |                       |  | <input type="checkbox"/> Work <input type="checkbox"/>      |
| <b>18. Permanent Address:</b> <i>(Complete if PO Box is listed in Mailing Address <u>or</u> if residence is different from Mailing Address. Do not list a PO Box.)</i> |                       |   |                       |  |   |
| Street/RFD # or URB  |                       |   |                       | Apartment/Unit                                       |   |
|  |                       |   |                       |  |   |
| City   |                       |   | State                 | Zip Code   |   |
|  |                       |   |                       |  |   |
| <b>19. Your Emergency Contact</b> <i>(Provide the information of a person not traveling with you to be contacted in the event of an emergency.)</i>                    |                       |   |                       |  |   |
| Name   |                       | Address: Street/RFD # or PO Box                             |                       |  | Apartment/Unit  |
|  |                       |   |                       |  |   |
| City   | State                 | Zip Code  | Phone Number          | Relationship to Applicant                            |   |
|  |                       |   |                       |  |   |
| <b>20. Travel Plans</b> <i>(If no travel plans, please write "none")</i>   |                       |   |                       |  |   |
| Departure Date <i>(mm/dd/yyyy)</i>   |                       | Return Date <i>(mm/dd/yyyy)</i>                             |                       | Countries to be visited                              |   |
|  |                       |   |                       |  |   |

**STOP!**

**PLEASE BE SURE TO:**

- 1. Print form on two separate pages**
- 2. Sign and date on page one**
- 3. Submit both pages (see instruction page 1)**



DS 82 C 03 2020 2



**VISAS • PASSPORTS • DOCUMENTS**

53 WEST JACKSON BLVD, STE 1226

CHICAGO IL 60604

TEL (312) 922-8860

[www.avschicago.com](http://www.avschicago.com)

**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 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 acting in loco parentis)

Applicant Name:

\_\_\_\_\_

(Last Name, First Name, Middle Name)

Applicant Phone No: \_\_\_\_\_  
(Area Code -XXX-XXXX)

Date: \_\_\_\_\_  
(MM/DD/YYYY)

Courier Company Name: **American Visa Service, Inc**

\_\_\_\_\_

Applicant Signature: \_\_\_\_\_

(If the applicant is under the age of 16 the parent, legal guardian, or person acting in loco parentis must sign.)

# PASSPORT PLUS VISAS

VISAS • PASSPORTS • DOCUMENTS

20 EAST 49<sup>TH</sup> STREET (3<sup>RD</sup> FLOOR)

NEW YORK, NEW YORK 10017

TEL (212) 759-5540

(800) 367-1818

FAX (212) 759-5805

[www.passportplusvisas.com](http://www.passportplusvisas.com)

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Applicant Name:

\_\_\_\_\_  
(Last Name, First Name, Middle Name)

Applicant Phone No: \_\_\_\_\_  
(Area Code -XXX-XXXX)

Date: \_\_\_\_\_  
(MM/DD/YYYY)

Courier Company Name: PASSPORT PLUS Visas

Applicant Signature: \_\_\_\_\_  
(If the applicant is under the age of 16 the parent, legal guardian, or person acting in loco parentis must sign.)

# INT'L VISA SERVICE

## VISAS • PASSPORTS • DOCUMENTS

44081 PIPELINE PLAZA, STE 210

ASHBURN, VIRGINIA 20147

TEL (703) 726-0300

[www.ivsdc.com](http://www.ivsdc.com)

### Letter of Authorization

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Applicant Name:

\_\_\_\_\_  
(Last Name, First Name, Middle Name)

Applicant Phone No: \_\_\_\_\_  
(Area Code -XXX-XXXX)

Date: \_\_\_\_\_  
(MM/DD/YYYY)

Courier Company Name: INT'L VISA SERVICE

Applicant Signature: \_\_\_\_\_  
(If the applicant is under the age of 16 the parent, legal guardian, or person acting in loco parentis must sign.)

**AMERICAN VISA SERVICE**

53 W. Jackson Blvd., Ste 1226  
Chicago IL 60604

Tel: 312-922-8860 E-mail: info@avschicago.com



**AVS Order Form**

**Applicant Information**

|                            |            |      |
|----------------------------|------------|------|
| <b>Traveler One (1):</b>   |            |      |
| First Name:                | Last Name: | DOB: |
| <b>Traveler Two (2):</b>   |            |      |
| First Name:                | Last Name: | DOB: |
| <b>Traveler Three (3):</b> |            |      |
| First Name:                | Last Name: | DOB: |

**Services Requested (check all that apply)**

|                             |                                  |                                   |   |                                      |                                       |  |
|-----------------------------|----------------------------------|-----------------------------------|---|--------------------------------------|---------------------------------------|--|
| US Passport Services:       | <input type="checkbox"/> New     | <input type="checkbox"/> Renewal  | <input type="checkbox"/> 2 <sup>nd</sup> Passport | <input type="checkbox"/> Name Change | <input type="checkbox"/> Lost         | <input type="checkbox"/> Passport Card |
| Visa Services:              | <input type="checkbox"/> Tourist | <input type="checkbox"/> Business | <input type="checkbox"/> Employment               | <input type="checkbox"/> Residence   | <input type="checkbox"/> Family Visit |  |
| Type of Visa (entries):     | <input type="checkbox"/> Single  | <input type="checkbox"/> Double   | <input type="checkbox"/> Multiple                 | <input type="checkbox"/> Not Sure    |                                       |  |
| Country/Countries:          |                                  |                                   | Processing Speed Requested:                       |                                      |                                       |  |
| Date of Departure from USA: |                                  |                                   | Date Needed in Your Hands:                        |                                      |                                       |  |

**Shipping Information (where to ship your paperwork back)**

|                                  |  |                                      |  |               |           |  |
|----------------------------------|--|--------------------------------------|--|---------------|-----------|--|
| Shipping Method:                 | <input type="checkbox"/> FedEx Overnight | <input type="checkbox"/> FedEx 2 Day | <input type="checkbox"/> Use My Label/FedEx Account #: |               |           |  |
| Shipping Address:<br>(no PO BOX) | Company:                                 |                                      | Name:  |               |           |  |
|                                  | Street Address:                          |                                      |  |               |           |  |
|                                  | City:                                    |                                      | State:   |               | Zip Code: |  |
|                                  | E-mail:                                  |                                      |  | Phone Number: |           |  |

**Contact Information (for questions, status updates, additional requests, etc)- this is NOT your emergency contact**

|          |  |                            |  |
|----------|--|----------------------------|--|
| Name:    |  | Relationship to Applicant: |  |
| Phone #: |  | E-mail:                    |  |

**Payment Information**

|                          |  |                               |                                     |                               |                                   |
|--------------------------|--|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|
| Form of Payment          | <input type="checkbox"/> Check (company) | <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard | <input type="checkbox"/> AMEX | <input type="checkbox"/> Discover |
| Credit Card Info:        | Card Number:                             | Exp. Date:                    |                                     | CVV Code:                     |                                   |
|                          | Cardholder's Name:                       |                               |                                     |                               |                                   |
|                          | Billing Zip Code:                        |                               |                                     |                               |                                   |
| Authorization to Charge: | Signature:                               | Date:                         |                                     | Amount: \$                    |                                   |

**Disclaimer:** Please send all required documents for processing to the address above. Service and embassy fees are non-refundable and are subject to change without notice. AVS is not responsible for any policy changes at the Passport Agency or any of the Embassies as well as delays, damages or loss of documents resulting from the actions of the Passport Agency, any Embassies, FedEx or postal services. By sending this order form, you agree to receive occasional e-mails from AVS with important updates and announcements.

