

UNITED CREW 2nd PASSPORT 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 10YR PASSPORT (must be valid, signed, and NOT damaged)
- ☐ TWO PHOTOS (must be recently taken with last 2-3 months, on white background and sharp)
- ☐ ONE APPLICATION DS-82
- ☐ TWO LETTERS OF AUTHORIZATION FOR AMERICAN VISA SERVICE
- ☐ TWO LETTERS OF AUTHORIZATION FOR PERRY VISA SERVICE
- ☐ TWO LETTERS OF AUTHORIZATION FOR INT'L VISA SERVICE
- ☐ COPY OF CREW ID (FRONT & BACK)
- ☐ 2ND PASSPORT REQUEST LETTER
- ☐ 2ND PASSPORT STATEMENT
- ☐ IVS ORDER FORM

COST: \$400.00 (\$250 will be reimbursed by United, \$150 service fee will not)

PROCESSING TIME: 7-10 DAYS

MAIL THE DOCUMENTS LISTED ABOVE TO:

**AMERICAN VISA SERVICE
ATTN.: VALENTINA MEEHAN
44337 LORD FAIRFAX PLACE
ASHBURN VA 20147**

**U.S. PASSPORT RENEWAL APPLICATION FOR ELIGIBLE INDIVIDUALS**

For information or questions, visit the official Department of State website at 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.

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

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

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

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.

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

First Middle

☐ D ☐ O ☐ S ☐ NFR

End. # Exp.

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

Month Day Year

3. Sex

M F

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

City State or Country

5. Social Security Number

SSN

6. Email (See application status at passportstatus.state.gov)

Email

7. Primary Contact Phone Number

Phone Number

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

Address Line 1

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

Address Line 2

City

City

State

State

Zip Code

Zip Code

Country (if outside the United States)

Country

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

Name

Most recent U.S. passport book number

Book Number

Book Issue date (mm/dd/yyyy)

Book Issue Date

Most recent U.S. passport card number

Card Number

Card Issue date (mm/dd/yyyy)

Card Issue Date

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)

Place of Name Change

Date (mm/dd/yyyy)

Date

☐ 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

Name of Applicant (Last, First & Middle)

Date of Birth (mm/dd/yyyy)

12. Height

13. Hair Color

14. Eye Color

15. Occupation

16. Employer or School (if applicable)

17. Additional Contact Phone Numbers

☐ Home ☐ Cell
☐ Work ☐

☐ Home ☐ Cell
☐ Work ☐

18. Permanent Address: (Complete if PO Box is listed in Mailing Address or if residence is different from Mailing Address. **Do not list a PO Box.**)

Street/RFD # or URB

Apartment/Unit

City

State

Zip Code

19. Your Emergency Contact (Provide the information of a person not traveling with you to be contacted in the event of an emergency.)

Name

Address: Street/RFD # or PO Box

Apartment/Unit

City

State

Zip Code

Phone Number

Relationship to Applicant

20. Travel Plans (If no travel plans, please write "none")

Departure Date (mm/dd/yyyy)

Return Date (mm/dd/yyyy)

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

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.)



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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.)

PERRY VISA SERVICE

53 WEST JACKSON BLVD, STE 1226

CHICAGO IL 60604

TEL (312) 922-8860

www.perryvisaservice.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: **Perry 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.)

PERRY VISA SERVICE

53 WEST JACKSON BLVD, STE 1226

CHICAGO IL 60604

TEL (312) 922-8860

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Date: _____
(MM/DD/YYYY)

Courier Company Name: **Perry 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.)

INT'L VISA SERVICE

VISAS • PASSPORTS • DOCUMENTS

44081 PIPELINE PLAZA, STE 210

ASHBURN, VIRGINIA 20147

TEL (703) 726-0300

www.ivsdc.com

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(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.)

INT'L VISA SERVICE

VISAS • PASSPORTS • DOCUMENTS

44081 PIPELINE PLAZA, STE 210

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(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.)

Statement Regarding a Second Valid Passport

To: U.S. Department of State

Passport Agency: _____

I, the undersigned, am the bearer of the passport indicated below. In view of the restrictive entry policies of one of the countries I will be visiting, or prolonged processing delays required to obtain visas for my current travel, it is impossible for me to complete my trip utilizing my current passport. I am therefore requesting the issuance of a second, limited valid passport, which I understand will be limited in validity for two years. Should either passport be lost or stolen, I will report immediately the circumstances of the loss or theft to Passport Services, or if abroad, to the nearest U.S. Embassy or Consulate.

Name: _____

Passport Number: _____

Country or Countries to be Visited: _____

Entry Impossible Due to Visas or
Markings From (Specify Countries): _____

Signature: _____

Date: _____



United States Department of State

Washington Passport Agency

44132 Mercure Circle

PO Box 1192

Sterling, Virginia 20166-1192

To Passport Agency

Please complete and sign the statement below regarding your request for a second passport.

In view of the restrictive entry policies of one of the countries that I will be visiting, or prolonged processing delays required to obtain visas for my current travel, it is impossible for me to complete my trip utilizing my current passport.

Consequently, I am requesting the issuance of a second passport to facilitate my travel to the countries provided on my passport application. I understand that one passport will be limited for four years and that I may reapply at the end of that period if my need to travel to the aforementioned countries continues.

Should either passport be lost or stolen, I will report the circumstances immediately to the Passport Office or the nearest U.S. Embassy/Consulate.

NAME: _____
(Please Print Name Legibly)

SIGNATURE: _____ DATE: _____

We appreciate your assistance in this matter so that we may continue processing your passport application. If we do not receive the requested information **within ninety (90) days from the date of this letter**; or the information you submit is insufficient to establish your entitlement to a U.S. passport in accordance with the relevant provisions of Part 51, Title 22 of the Code of Federal Regulations, your application will be denied and your evidence returned to you. By law, the passport execution and application fees are non-refundable. Any special return postage will be returned or refunded.

If you have any questions regarding this letter or your passport application, contact the National Passport Information Center (NPIC), toll-free, at 1-877-487-2778 (TTY/TDD: 1-888-874-7793). For general passport information, to check the status of your passport application, or to enroll in our Smart Traveler Enrollment Program (STEP), please visit us online at travel.state.gov.

PLEASE RETURN A COPY OF THIS LETTER WITH YOUR REPLY.

Sincerely,

Customer Service Department

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		
Traveler One (1):		
First Name:	Last Name:	DOB:
Traveler Two (2):		
First Name:	Last Name:	DOB:
Traveler Three (3):		
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 nd 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: (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.

