

600 West 9th Street, Suite B Austin, TX 78701 512-263-7578 or 877-771-RUSH (7874) www.justpassports.com

PASSPORT FOR MINOR APPLICANTS AGE 15 AND UNDER

ELIGIBILTY:

- APPLYING FOR A FIRST TIME U.S. PASSPORT FOR A MINOR THE AGE 15 OR UNDER; OR
- RENEWAL OF A U.S. PASSPORT FOR A MINOR THE AGE 15 OR UNDER.

THE APPLICANT, AND BOTH PARENTS OR LEGAL GUARDIANS 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.
- 2. NOTARIZED APPLICATION FORM DS-3053 (CLICK HERE) AND A COPY OF THE DRIVER LICENSE (FRONT & BACK) IS REQUIRED IF THE SECOND PARENT OR LEGAL GUARDIAN CAN NOT BE AVAILABLE TO SIGN THE DS-11 AT THE ACCEPTANCE AGENT.
- 3. ORIGINAL CERTIFIED COPY OF YOUR U.S. BIRTH CERTIFICATE THAT WAS ISSUED BY THE STATE OF WHERE YOU WERE BORN \underline{OR} ORIGINAL NATURALIZATION CERTIFICATE. (CLICK HERE) FOR MORE DETAILED INSTRUCTIONS.
- 4. ONE (1) COLOR PASSPORT TYPE PHOTOGRAPH (2"x2") WITH A WHITE BACKGROUND NO GLASSES. (CLICK HERE) FOR MORE DETAILED PHOTO REQUIREMENTS.
- 5. ONE ORIGINAL TYPED LETTER OF AUTHORIZATION. (SEE BELOW)
- **6.** \$140.00 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.
- 7. PROOF OF INTERNATIONAL DEPARTURE THAT SHOWS YOU DEPARTING WITHIN 2 WEEKS OR 4 WEEKS IF YOU NEED A TRAVEL VISA TOO.
 - CONFIRMED TRAVEL ITINERARY
- 8. COPY OF YOUR VALID DRIVER LICENSE OR VALID STATE ISSUED I.D. (YOU WILL HAVE TO SHOW THE ACCEPTANCE AGENT THE ORIGINAL AS WELL)
- 9. 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 again 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)				
Applica	ant Name:				
11	(Last Name, First Name, Middle Name)				
Applica	ant Phone No: Date: (Area Code-XXX-XXXX) (MM/DD/YYYY)				
Courie	r Company Name:				
	ant Signature:				
	applicant is under the age of 16 the parent(s),legal guardian(s), or person legally acting in loco is must sign)				
c					



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WORK ORDER

DEPARTURE DATE: _	NEED BY DATE:					
VISA NEEDED?	_ YES	_ NO IF YES, WHAT CO	UNTRY?			
	APPL	ICANT'S INFORM	<u>IATION</u>			
(FIRST NAME)		(MIDDLE NAME)	(LAST NAME)			
DATE OF BIRTH:		SOCIAL SECURITY NU	MBER (LAST 4 DIGITS)			
JUST P	ASSPOR	TS SERVICE FE	ES (CHECK ONE)			
\$225.00 – 4-7 BUSINESS DAY PROCESSING (LIMITED - PLEASE CALL FOR DETAILS)						
\$350.00 – 1-3 BU	JSINESS DA	Y PROCESS (<i>LIMITED</i> - A	PLEASE CALL FOR DETAILS)			
\$10.00 – PASSI	PORT PHOT	O'S (PROCESSED IN MIN	TUTES)			
ALL PROCESSING TIL TO THE PASSPORT A		ONCE THE PASSPORT I	REQUEST HAS BEEN SUBMITED			
	<u>RET</u>	TURN DELIVERY	FEE			
\$30.00 – FEDER	AL EXPRES	SS (MONDAY – FRIDAY)				
\$50.00 – FEDERAL EXPRESS (SATURDAY) – NOT ALWAYS AVAILABLE						
\$0.00 – PREPAID RETURN DELIVERY AIR BILL ENCLOSED						
\$0.00 – P/UP A'	T JUST PAS	SPORTS OFFICE				
TOTAL AMOUNT: \$						
			CONTINUED			



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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 NUM	IBER:
CARD NUMBER:	EXPIRAT	ION DATE:
AUTHORIZED AMOUNT TO BE CHARGED TO	THE CREDIT CA	ARD: <u>\$</u>
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.