



U.S. PASSPORT RENEWAL APPLICATION FOR ELIGIBLE INDIVIDUALS

OMB CONTROL NO. 1405-0020
OMB EXPIRATION DATE: 09-30-2019
ESTIMATED BURDEN: 40 MIN

Please Print Legibly Using Black Ink Only

Attention: Read WARNING on page 1 of instructions

Please select the 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. For more information see page 1 of instructions.
- Regular Book (Standard) Large Book (Non-Standard)

Note: The large book option is for those who frequently travel abroad during the passport validity period, and is recommended for applicants who have previously required the addition of visa pages.

D O DP DOTS Code _____

End. # _____ Exp. _____

1. Name Last _____

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 (Info alerts offered at travel.state.gov) _____ 7. Primary Contact Phone Number _____

@ _____

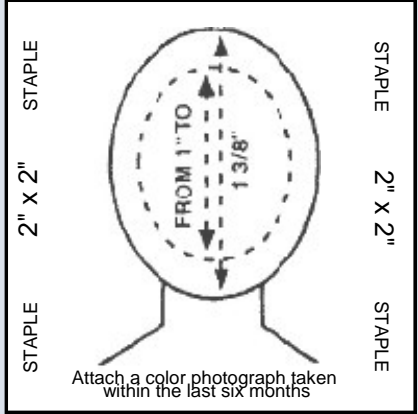
8. Mailing Address: Line 1: Street/RFD#, P.O. Box, or URB. _____

Address Line 2: **Clearly label** Apartment, Company, Suite, Unit, Building, Floor, In Care Of or Attention if applicable. (e.g., *In Care Of - Jane Doe, Apt # 100*) _____

City _____ State _____ Zip Code _____ Country, if outside the United States _____

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

A. _____ B. _____



10. Passport Book and/or Passport Card Information

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

Most recent passport book number _____ Issue date (mm/dd/yyyy) _____

Most recent passport card number _____ 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. (Photocopies are not accepted!)

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, since acquiring U.S. citizenship or nationality, performed any of the acts listed under "Acts or Conditions" on page four 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 one 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 _____



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: If P.O. Box is listed under Mailing Address or if residence is different from Mailing Address.

Street/RFD # or URB (No P.O. Box) Apartment/Unit

City State Zip Code

19. 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 P.O. Box Apartment/Unit

City State Zip Code Phone Number Relationship

20. Travel Plans

Departure Date (mm/dd/yyyy) Return Date (mm/dd/yyyy) Countries to be visited

**STOP! YOU HAVE COMPLETED YOUR APPLICATION
BE SURE TO SIGN AND DATE PAGE ONE**

WHERE DO I MAIL THIS APPLICATION?

If applying in the United States or Canada:

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

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

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

Because of the sensitivity of the enclosed documents, Passport Services recommends using trackable mailing service when submitting your application.

If applying outside the United States or Canada:

United States citizens residing outside the U.S. or Canada **CANNOT** submit this form to domestic addresses listed above. Such applicants should visit www.usembassy.gov to find the nearest U.S. Embassy or Consulate for procedures for applying outside the United States.



* DS 82 C 08 2013 2 *



APPLICATION FOR A U.S. PASSPORT

NAME CHANGE, DATA CORRECTION, AND LIMITED PASSPORT BOOK REPLACEMENT

Please Print Legibly Using Black Ink Only

OMB CONTROL NO. 1405-0160
 OMB EXPIRATION DATE: 10-31-2019
 ESTIMATED BURDEN: 40 MIN

Attention: Read WARNING on page 1 of instructions
 Please select the 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. For more information see page 1 of instructions.

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

Note: The large book option is for those who frequently travel abroad during the passport validity period and is recommended for applicants who have previously required the addition of visa pages.

1. Name Last _____

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 (Info alerts offered at travel.state.gov) _____ @ _____

7. Primary Contact Phone Number _____

D O DP DOTS Code _____

End. # _____ Exp. _____

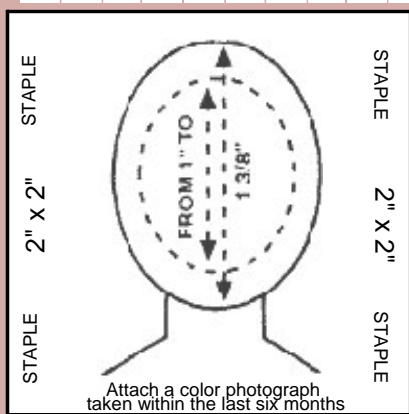
8. Mailing Address: Line 1: Street/RFD#, P.O. Box, or URB. _____

Address Line 2: **Clearly label** Apartment, Company, Suite, Unit, Building, Floor, In Care Of or Attention if applicable. (e.g., *In Care Of - Jane Doe, Apt # 100*) _____

City _____ State _____ Zip Code _____ Country, if outside the United States _____

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

A. _____ B. _____



10. U.S. Passport Book and/or Passport Card 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) _____

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, since acquiring U.S. citizenship or nationality, performed any of the acts listed under "Acts or Conditions" on page four 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 one of the instructions to the application form.

x _____
 Applicant's Legal Signature - age 16 and older

x _____
 Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)

Date _____

Name Change Replacement Correction: LName FName MName DOB Sex POB Other

From: _____

To: _____


BC Nat/Citz Cert Report of Birth Prev PPT MC Adoption C/O NC C/O PIERS Other

Filed/Issued/Place: _____ Doc #: _____

Other: _____

Attached: _____

EF _____ Postage _____ Other _____


 * DS 5504 C 11 2013 1 *

Name of Applicant (Last, First & Middle) _____ Date of Birth (mm/dd/yyyy) _____

11. Height _____ 12. Hair Color _____ 13. Eye Color _____ 14. Occupation (if age 16 or older) _____ 15. Employer or School (if applicable) _____

16. Additional Contact Phone Numbers
Home _____ Cell _____
Work _____

17. Permanent Address: If P.O. Box is listed under Mailing Address or if residence is different from Mailing Address.
Street/RFD # or URB (No P.O. Box) _____ Apartment/Unit _____
City _____ State _____ Zip Code _____

18. 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 P.O. Box _____ Apartment/Unit _____
City _____ State _____ Zip Code _____ Phone Number _____ Relationship _____

19. Travel Plans
Departure Date (mm/dd/yyyy) _____ Return Date (mm/dd/yyyy) _____ Countries to be visited _____

Please complete the following questions regarding your current passport book and/or passport card

Has your name changed by marriage or court order **less than one year** after your U.S. passport book or passport card was issued?
 Yes No
Current Name Last _____
First _____ Middle _____
If yes, **and your submitted passport book and/or passport card is less than one year old**, please complete this section with your current information.
Note: You must **submit evidence documenting your name change** (such as a certified marriage certificate or court order) and your current U.S. passport book and/or passport card, along with this completed form to the address listed on page 2 of the instructions.
If you can not or did not meet the above criteria, please complete Form DS-82, U.S. Passport Renewal Application for Eligible Individuals or Form DS-11, Application for a U.S. Passport.

Was your identifying information printed incorrectly in your U.S. passport book or passport card?
 Yes No
Name Last _____
First _____ Middle _____
Date of Birth (mm/dd/yyyy) _____ Sex M F Place of Birth (State or Country) _____
Please submit evidence documenting your correct identifying information (such as a certified marriage certificate or birth certificate) and your current U.S. passport book and/or passport card, along with this completed form to the address listed on page 2 of the instructions.

Was your most recent U.S. passport limited for two years or less?
 Yes No
If yes, please submit evidence of your U.S. citizenship (such as a U.S. birth certificate or naturalization certificate) and/or evidence of your identity (such as a driver's license or a state-issued ID card). Visit <http://travel.state.gov/content/passports/en/passports/information/gender.html> for information regarding gender transition documentation.
Note: To complete a limited U.S. passport book replacement, **your submitted U.S. passport book must not be expired**. Passport books limited in validity because of multiple losses, damages, or mutilations **cannot be extended**.
Please be sure to enclose your U.S. passport book along with this application to the address listed on page 2 of the instructions.





RJR INTERNATIONAL PASSPORT VISAS, INC.
3801 E. FLORIDA AVENUE, STE. 400
DENVER, CO 80210
303 753-0424

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: RJR INTERNATIONAL PASSPORT VISAS

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)