



## Just Passports

600 West 9<sup>th</sup> Street, Suite B

Austin, TX 78701

512-263-7578

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

### PASSPORT RENEWAL FOR APPLICANTS AGE 16 AND OVER

#### **ELIGIBILITY:**

- IS UNDAMAGED AND CAN BE SUBMITTED WITH YOUR APPLICATION; AND
- WAS ISSUED WHEN YOU WERE AGE 16 OR OLDER; AND
- WAS ISSUED WITHIN THE LAST 15 YEARS; AND
- WAS ISSUED IN YOUR CURRENT NAME MORE THAN ONE YEAR AGO AND YOU CAN LEGALLY DOCUMENT YOUR NAME CHANGE.

#### REQUIREMENTS

1. YOUR CURRENT SIGNED PASSPORT.
2. SIGNED APPLICATION FORM DS-82 ([CLICK HERE](#)) MUST BE COMPLETED ONLINE AND PRINTED OUT. NO HAND WRITTEN FORMS ACCEPTED. SINGLE SIDED ONLY.
3. ONE COLOR PASSPORT TYPE PHOTOGRAPH (2"x2") WITH A WHITE BACKGROUND - NO GLASSES. ([CLICK HERE](#)) FOR MORE DETAILED PHOTO REQUIREMENTS.
4. FIVE ORIGINAL TYPED LETTER OF AUTHORIZATIONS. (*SEE BELOW*)
5. \$211.36 CHECK OR MONEY ORDER MADE PAYABLE TO "US DEPARTMENT OF STATE". THE DEPARTMENT OF STATE DOES NOT ACCEPT TEMPORARY CHECKS. IF FOR WHATEVER REASON YOU DO NOT HAVE THESE ITEMS, I CAN TAKE CARE OF THIS PART, PLEASE LET ME KNOW AND PLEASE DON'T LET THIS HOLD UP THINGS (\$10.00 ADDITIONAL CHARGE). **PLEASE ADD \$30.00 IF YOU WANT A PASSPORT CARD AS WELL.**
6. PROOF OF INTERNATIONAL DEPARTURE (*ONLY REQUIRED IF YOU NEED IT WITHIN 14 DAYS OR 28 DAYS IF YOU NEED A TRAVEL VISA TOO*).
  - CONFIRMED TRAVEL ITINERARY; **OR**
  - COMPANY LETTER OF EXPEDITE (*SEE BELOW FOR EXAMPLE*)
7. PLEASE SUBMIT THE ORIGINAL DOCUMENTED EVIDENCE OF THE LEGAL NAME CHANGE IF THE NAME IS DIFFERENT IN THE CURRENT PASSPORT:
  - ORIGINAL CERTIFIED COPY OF THE MARRIAGE CERTIFICATE; **OR**
  - ORIGINAL CERTIFIED COPY OF THE DIVORCE DECREE; **OR**
  - ANY OTHER ORIGINAL DOCUMENT THAT SHOWS THE LEGAL NAME CHANGE
8. 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 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: \_\_\_\_\_

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)

# VIP PASSPORT SERVICES, INC.

2012 Louisiana Street

Houston, Texas 77002

713-659-8472

1-800-856-8472 Fax 713-659-3767

Website: [www.vippassports.com](http://www.vippassports.com)

Email: [vipinfo@vippassports.com](mailto:vipinfo@vippassports.com)



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(Area Code – XXX-XXXX)

(MM/DD/YYYY)

Courier Company Name: \_\_\_\_\_

Applicant signature: \_\_\_\_\_

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**EXECUTIVE PASSPORT & VISA SERVICE**  
**30118 DAVIS STREET**  
**SUITE "A"**  
**MAGNOLIA, TEXAS 77355**  
**713-659-0009**

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30102 Scotty Street  
Magnolia, TX 77355  
(210) 402-0813  
(832) 200-2944 – Fax

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### Example of the Company Letter of Expedite

*Please place this letter on your letter head*

Date: \_\_\_\_\_

Dear Passport Representative:

Mr./Mrs. \_\_\_\_\_ is one of our employees who is engaged  
as a (n) \_\_\_\_\_ (position) \_\_\_\_\_ in the \_\_\_\_\_ division of \_\_\_\_\_ (company name) \_\_\_\_\_

Mr./Mrs. \_\_\_\_\_ has an urgent international departure to  
\_\_\_\_\_ (destination) \_\_\_\_\_ on \_\_\_\_\_ (date) \_\_\_\_\_ for the purpose of \_\_\_\_\_. He/She will be  
traveling on \_\_\_\_\_ (name of airlines) \_\_\_\_\_ and will be staying in \_\_\_\_\_ (destination) \_\_\_\_\_ for a period  
\_\_\_\_\_ days. Please expedite his/her passport at your earliest convenience. Thank you for  
your assistance.

Thank you,

(supervisor's signature)



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### WORK ORDER

DEPARTURE DATE: \_\_\_\_\_ NEED BY DATE: \_\_\_\_\_

VISA NEEDED? \_\_\_\_ YES \_\_\_\_ NO IF YES, WHAT COUNTRY? \_\_\_\_\_

#### APPLICANT'S INFORMATION

\_\_\_\_\_  
(FIRST NAME) (MIDDLE NAME) (LAST NAME)

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER (LAST 4 DIGITS) \_\_\_\_\_

#### U.S. DEPARTMENT OF STATE FEES (CHECK ONE)

\_\_\_\_\_ \$211.36 – PASSPORT RENEWAL (BOOK ONLY)

\_\_\_\_\_ \$241.36 – PASSPORT RENEWAL (BOOK & CARD )

#### JUST PASSPORTS SERVICE FEES (CHECK ONE)

\_\_\_\_\_ \$125.00 – 4 TO 6 WEEKS (COULD TAKE UP TO 12 WEEKS) - **NO RESERVATION  
REQUIRED**

\_\_\_\_\_ \$500.00 – 4 TO 7 BUSINESS DAY PROCESS (**REQUIRES A RESERVATION**)  
PLEASE EMAIL YOUR REQUEST TO [info@justpassports.com](mailto:info@justpassports.com) TO  
RECEIVE YOUR RESERVATION NUMBER AND INSTRUCTIONS.

#### RETURN DELIVERY FEE

\_\_\_\_\_ \$45.00 – FEDEX

\_\_\_\_\_ \$0.00 – PREPAID RETURN DELIVERY AIR BILL ENCLOSED

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 NUMBER: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

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

CARD HOLDER NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**OR**

PAY BY CASH, CHECK, OR MONEY ORDER.

### IMPORTANT NOTE

TERMS AND CONDITIONS ARE LISTED ON [www.justpassports.com](http://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”**