



# U.S. Passport Card

## Traveler Information

1. Traveler Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_

2. Traveler Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_

Date of Travel \_\_\_\_\_

Date Documents Must Be Returned \_\_\_\_\_

## Shipping and Contact Information

*This must be a physical address for FedEx delivery; no P.O. Boxes.*

Attention: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

Apt./Suite: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please include your email address so we may email you status and shipping updates.

## Send This Form and All Required Documents To:

**G3 Chicago:**  
 312.704.8472 Phone 11 East Adams  
 800.830.8472 Toll Free Suite 1605  
 312.704.8150 Fax Chicago, IL 60603  
[chicago@g3visas.com](mailto:chicago@g3visas.com)

\*The fees and instructions in this document are applicable to travelers who currently hold a valid U.S. passport book. If your passport is expired, has been lost or mutilated, or if you have never been issued a passport, please contact G3 for further instructions specific to your case.

## Applicable Fees

### US Government Fee

Passport Card \_\_\_\_\_ \$90.00  
*This fee is for applicants who hold a valid U.S. Passport.\**

### G3 Processing Fees

5 Business Days \$175.00  
 10 Business Days \$75.00

### Shipping Fees

*Passports will be returned via Federal Express.*

3 Business Day Delivery \$15.50  
 Overnight Delivery \$23.50  
 8 AM Delivery\*\* \$75.00  
 Saturday Delivery\*\* \$38.50  
 Same Day Delivery Please Call

*\*\*These services may not be available to all zip codes. International Delivery is available.*

## Payment Information

### Select Payment Type:

Credit Card  
 Check (company or certified)  
 Established Corporate  
 Account # \_\_\_\_\_

Total Fees:	Fee	x # of Travelers	Total
US Government Fee	_____	x _____	= _____
G3 Processing Fee	_____	x _____	= _____
Shipping Fee	_____		= _____
		Subtotal:	_____
		Add 5% fee for credit card processing:	_____
		<b>Total Payment Enclosed:</b>	_____

### For Payment Via Credit Card:

*American Express, MasterCard and Visa only*

Name as it appears on card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Security Code: \_\_\_\_\_  
*(American Express: 4 digit code on front of card; MasterCard or Visa: 3 digit code on back of card.)*

Cardholder Signature: \_\_\_\_\_

G3 Visas & Passports, Inc. acts on the behalf of the client, and cannot be held liable for the services rendered by U.S. Government agencies, Post Offices, Travel Agents or other entities in connection with passport processing. G3 disclaims any liability for delays or loss of passports as may occur through above services or by any delivery service. Damage compensation is not available.



# U.S. Passport Card

## Required Documents Checklist:

- Your current valid U.S. passport book.**
- Passport Form DS-82, "Application for Passport by Mail."** This must be completed online at <https://pptform.state.gov/PassportWizardMain.aspx> ("Apply for a Passport Card"). The application must be completed, printed out, signed and included in your package to G3. An original signature, preferably in blue ink, is required; no faxes, scans or copies will be accepted. Instructions on filling out the application online are available at <http://www.g3visas.com/v2/Passport3.html>.
- Two passport-style color photographs, taken within the last six months.** The photos must be identical and printed on high-quality photo paper, and must have a white or off-white background. The photos must measure 2"x2" and meet the head size criteria specified at [http://travel.state.gov/passport/guide/faq/faq\\_881.html](http://travel.state.gov/passport/guide/faq/faq_881.html). No uniforms, sunglasses or hats are allowed, except for headgear worn daily for religious reasons. A signed letter from the applicant must be included explaining that the item is worn daily for religious reasons.
- G3 Letter of Authorization, completed and signed.** The Letter of Authorization (LOA) allows G3 to represent you to all agencies involved in issuing your passport. The signature on the LOA must be original, no faxes, scans or copies will be accepted.
- Proof of name change, if applicable.** If your name has legally changed since your last passport was issued, provide the state-issued Original Document or Certified Copy showing the name change (i.e. Marriage Certificate, Divorce Decree, or Court Order). You must also submit a photocopy of your Driver's License issued in your new name.

## Please Note:

These instructions are intended for travelers who currently hold a valid U.S. passport book. If your passport is expired, has been lost or mutilated, or if you have never been issued a U.S. passport, please contact G3 for further instructions specific to your case.

**Passport Cards are valid for land or sea travel to Canada, Mexico, Bermuda and the Caribbean only. They may not be used for international air travel to any nation.**

Your passport card will be valid for 10 years (5 years for minors under age 16).

# Letter of Authorization

U.S. Passport Office  
Washington Passport Agency  
Washington, DC

U.S. Passport Office  
Houston Passport Agency  
Houston, TX

U.S. Passport Office  
Philadelphia Passport Agency  
Philadelphia, PA

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

To Whom It May Concern:

I, \_\_\_\_\_, hereby authorize a representative of Global Passports & Visas, Inc. to submit my passport application, discuss its status and retrieve it upon completion.

I intend to depart the United States on \_\_\_\_\_.

My date of birth is \_\_\_\_\_.

I am traveling to \_\_\_\_\_ and visas are required \_\_\_\_\_, or are not required \_\_\_\_\_ for my upcoming trip. (Place a check mark)

Under the Provision of the Privacy Act of 1974 (Public Law 93-579)  
No information may be released from U.S. Government files without the prior written consent of the individual in question. Consequently, an employee of the U.S. Passport Agency cannot discuss the details of your passport application with the courier service without your permission.

Thank you for your assistance with my application.

\_\_\_\_\_  
Original Signature of Applicant

## Global Passports & Visas, Inc. US Offices

**Washington, DC Office**  
3300 N. Fairfax Drive  
Suite 220  
Arlington, VA 22201  
Tel: 703.276.8472  
Fax: 703.524.3374

**Houston, TX Office**  
2425 West Loop South  
Suite 200  
Houston, TX 77027  
Tel: 713.574.1731  
Fax: 866.611.6960

# Letter of Authorization

U.S. Passport Office  
Washington Passport Agency  
Washington, DC

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

To Whom It May Concern:

I, \_\_\_\_\_, hereby authorize a representative of Embassy Visa & Passport Services to submit my passport application, discuss its status and retrieve it upon completion.

I intend to depart the United States on \_\_\_\_\_.

My date of birth is \_\_\_\_\_.

I am traveling to \_\_\_\_\_ and visas are required \_\_\_\_\_, or are not required \_\_\_\_\_ for my upcoming trip. (Place a check mark)

Under the Provision of the Privacy Act of 1974 (Public Law 93-579)  
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Thank you for your assistance with my application.

\_\_\_\_\_  
Original Signature of Applicant

Embassy Passport and Visa Services



# APPLICATION FOR A U.S. PASSPORT BY MAIL

OMB APPROVAL NO. 1405-0020  
EXPIRATION DATE: 12-31-2010  
ESTIMATED BURDEN: 40 MIN

Attention: see WARNING on page two of instructions

Please select the document (or documents) for which you are applying:

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

The U.S. passport card may only be used for international travel by land or sea between the United States, Canada, Mexico, the Caribbean and Bermuda. Please visit our website for detailed information.

R  D  O  DP  
End. # \_\_\_\_\_ Exp \_\_\_\_\_

1. Name Last

TRAVELER

First & Middle

JOHN DOE

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

01 - 01 - 1950

3. Sex

M  F

4. Place of Birth (City & State or City & Country as it is presently known)

WASHINGTON, DC

5. Social Security Number

000 - 00 - 0000

6. Mailing Address: Street/RFD # or P.O. Box

300 JACKSON ST

Apartment or unit #

City

State

Zip Code (Zip + 4 if known)

In Care Of or Country, if applicable

CITYBURG

VA

22222

7. Contact Phone Number

703 - 276 - 8472

Home  Cell  
 Work

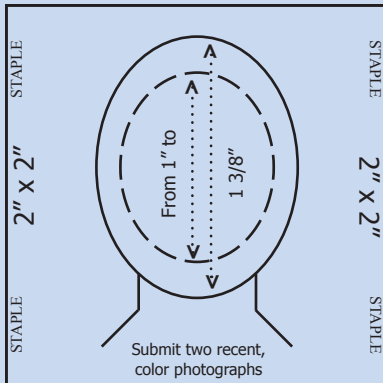
8. Email Address (Optional)

JOHN@TRAVELER.ORG

9. Have You Ever Used A Different Name (Maiden, Previous Marriage, Legal Name Change)? If yes, please complete. (Attach additional pages if needed)

1.

2.



10. Passport Book or Passport Card Information

Your name as listed on your most recent passport or passport card

JOHN DOE TRAVELER

Most recent passport book or passport card

999999999

Issue date (mm/dd/yyyy)

10/10/2008

11. Name Change Information - Complete if name is different than last passport book or passport card

Changed by Marriage  
 Changed by Court Order

Place of Name Change (City/State)

Date (mm/dd/yyyy)

Please submit marriage certificate or court order to support your name change.

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 the reverse side 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 two of the instructions to the application form.

x \_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_ Date

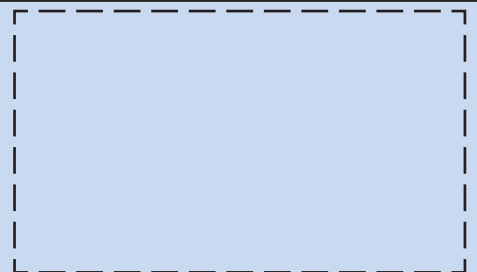
This section for issuing office only

Marriage Certificate Date of Marriage/Place Issued:

Court Order Date Filed/Court:

Other:

Attached:



PPT Fee \_\_\_\_\_ EF \_\_\_\_\_ Postage \_\_\_\_\_ Other \_\_\_\_\_



DS 82 10 2007 1

<b>Name of Applicant</b> <i>(Last, First &amp; Middle)</i>				<b>Date of Birth</b> <i>(mm/dd/yyyy)</i>	
TRAVELER, JOHN DOE				01/01/1950	
<b>12. Height</b>	<b>13. Hair Color</b>	<b>14. Eye Color</b>	<b>15. Occupation</b>	<b>16. Employer</b>	
6ft. 0in.	Black	Amber	TRAVELER	GLOBAL TRAVELER	
<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"/> _____	
<b>18. Permanent Address: Street/RFD # (No P.O. Box)</b>					
300 JACKSON ST					Apartment or unit # 2
City			State	Zip Code	
CITYBURG			VA	22222	
<b>19. 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 P.O. Box			Apartment or unit #
JANE TRAVELER		10 MAIN ST			
City	State	Zip Code	Phone Number	Relationship	
TOWN	FL	33333	305-555-0000	SISTER	
<b>20. Travel Plans</b>					
Date of Trip <i>(mm/dd/yyyy)</i>	Length of Trip	Countries to be visited			
12/25/2009	10 DAYS	CANADA			

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

SAMPLE APPLICATION

