



U.S. PASSPORT RENEWAL APPLICATION FOR ELIGIBLE INDIVIDUALS

Please Print Legibly Using Black Ink Only

OMB CONTROL NO. 1405-0020
OMB EXPIRATION DATE: 09-30-2019
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

☐ D ☐ O ☐ DP DOTS Code _____

End. # _____ Exp. _____

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 _____



* DS 82 C 08 2013 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			
<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> _____	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> _____		

18. Permanent Address: If P.O. Box is listed under Mailing Address <u>or</u> 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
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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 *



Attachment A
2320

4/12/93

STATEMENT

TO: U.S. Department of State

**Colorado Passport Agency
3151 S. Vaughn Way
Aurora, CO 80014**

I, the undersigned, am the bearer of valid U.S. passport number

Issued on _____. However, in view of the restrictive entry
Date

Policies, and/or the time delay in obtaining visas it is impossible to complete my trip using one passport.

I am therefore requesting the issuance of a second valid passport for travel to:

_____, which I understand will be valid
Country or Countries

for two years.

Should either passport be lost or stolen, I will report immediately the circumstances of the loss to Passport Services, or if abroad, to the nearest U.S. Embassy or Consulate.

(signature)

(date)



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 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)