



APPLICATION FOR A U.S. PASSPORT

Please Print Legibly Using Black Ink Only

OMB CONTROL NO. 1405-0004
OMB EXPIRATION DATE: 08-31-2019
ESTIMATED BURDEN: 85 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
- Regular Book (Standard) Large Book (Non-Standard)

The U.S. passport card is **not** valid for international air travel. For more information see page 1 of instructions.

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

D O Dep DOTS _____

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

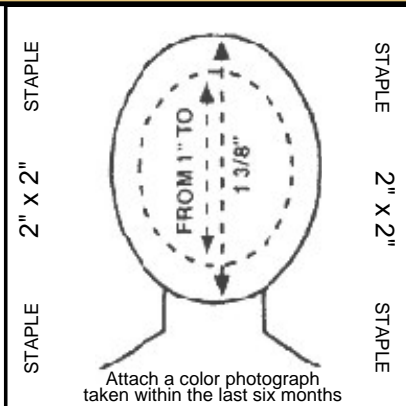
State

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)

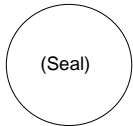
A. _____
B. _____



Attach a color photograph taken within the last six months

Acceptance Agent (Vice) Consul USA

Passport Staff Agent



Name of courier company (if applicable)

____-____-____
Facility ID Number

Facility Name/Location

____-____-____
Agent ID Number

Signature of person authorized to accept applications

Date

For Issuing Office Only → Bk _____ Card _____ EF _____ Postage _____ Execution _____ Other _____

STOP! CONTINUE TO PAGE 2

DO NOT SIGN APPLICATION UNTIL REQUESTED TO DO SO BY AUTHORIZED AGENT

Identifying Documents - Applicant or Mother/Father/Parent on Second Signature Line (if identifying minor)

- Driver's License State Issued ID Card Passport Military Other _____

Name _____

Issue Date (mm/dd/yyyy) _____ Exp. Date (mm/dd/yyyy) _____ State of Issuance _____

ID No _____ Country of Issuance _____

Identifying Documents - Applicant or Mother/Father/Parent on Third Signature Line (if identifying minor)

- Driver's License State Issued ID Card Passport Military Other _____

Name _____

Issue Date (mm/dd/yyyy) _____ Exp. Date (mm/dd/yyyy) _____ State of Issuance _____

ID No _____ Country of Issuance _____

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 attached to 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)

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



* DS 11 C 09 2013 1 *

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

10. Parental Information
Mother/Father/Parent - First & Middle Name _____ Last Name (at Parent's Birth) _____

Date of Birth (mm/dd/yyyy) _____ Place of Birth _____ Sex Male Female U.S. Citizen? Yes No

Mother/Father/Parent - First & Middle Name _____ Last Name (at Parent's Birth) _____

Date of Birth (mm/dd/yyyy) _____ Place of Birth _____ Sex Male Female U.S. Citizen? Yes No

11. Have you ever been married? Yes No *If yes, complete the remaining items in #11.*

Full Name of Current Spouse or Most Recent Spouse _____ Date of Birth (mm/dd/yyyy) _____ Place of Birth _____

U.S. Citizen? Yes No Date of Marriage (mm/dd/yyyy) _____ Have you ever been widowed or divorced? Yes No Widow/Divorce Date (mm/dd/yyyy) _____

12. Additional Contact Phone Number _____ Home Cell Work **13. Occupation (if age 16 or older)** _____ **14. Employer or School (if applicable)** _____

15. Height _____ **16. Hair Color** _____ **17. Eye Color** _____ **18. Travel Plans**
Departure Date (mm/dd/yyyy) _____ Return Date (mm/dd/yyyy) _____ Countries to be Visited _____

19. 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 _____

20. 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 _____

21. Have you ever applied for or been issued a U.S. Passport Book or Passport Card? Yes No *If yes, complete the remaining items in #21.*

Name as printed on your most recent passport book _____ Most recent passport book number _____ Most recent passport book issue date (mm/dd/yyyy) _____

Status of your most recent passport book: Submitting with application Stolen Lost In my possession (if expired)

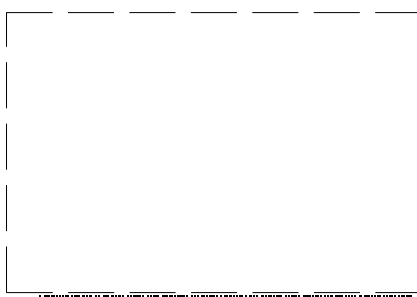
Name as printed on your most recent passport card _____ Most recent passport card number _____ Most recent passport card issue date (mm/dd/yyyy) _____

Status of your most recent passport card: Submitting with application Stolen Lost In my possession (if expired)

PLEASE DO NOT WRITE BELOW THIS LINE - FOR ISSUING OFFICE ONLY

Name as it appears on citizenship evidence _____

- Birth Certificate SR CR City Filed: _____ Issued: _____
- Nat. / Citiz. Cert. USCIS USDC Date/Place Acquired: _____ A# _____
- Report of Birth Filed/Place: _____
- Passport C/R S/R Per PIERS #/DOI: _____
- Other: _____
- Attached: _____



P/C of Citiz P/C of ID DS-71 DS-3053 DS-64 DS-5520 DS-5525 PAW NPIC IRL Citiz W/S * DS 11 C 09 2013 2 *



STATEMENT REGARDING A LOST OR STOLEN U.S. PASSPORT BOOK AND/OR CARD

HOW TO REPORT A LOST OR STOLEN PASSPORT BOOK AND/OR CARD

To report a lost or stolen passport, please choose ONE of the following options:

1. To apply for a new U.S. passport book and/or card: please submit this form with a new DS-11, *Application for a U.S. Passport*, to any designated acceptance facility, U.S. passport agency, U.S. embassy, or U.S. consulate abroad.

OR

2. If you are NOT applying for a new U.S. passport book and/or card, submit this form AND a photocopy of a government-issued photo identification (such as a driver's license or state-issued identification) to the following address:

ATTN: CLASP
U.S. Department of State
CA/PPT/S/L/LE
44132 Mercure Cir
P.O. Box 1227
Sterling, Virginia 20166-1227

* Only use this address to submit this form or other correspondence about lost/stolen passports. For general inquiries, call the National Passport Information Center at 1-877-487-2778.

OR

3. To report a lost or stolen U. S. passport by phone, call 1-877-487-2778 and follow the representative's instructions.

OR

4. To report a lost or stolen U. S. passport online, please visit our website at www.travel.state.gov.

Protect yourself against identity theft! Report a lost or stolen U.S. passport !

For more information, please visit our website: www.travel.state.gov

WARNING

False statements made knowingly and willfully on this form, in U.S. passport applications, or in affidavits or other supporting documents submitted therewith are punishable by fine and/or imprisonment under U.S. law, including the provisions of 18 U.S.C. 1001 and/or 18 U.S.C. 1542. Alteration or mutilation of a U.S. passport is punishable by fine and/or imprisonment under the provisions of 18 U.S.C. 1543. The use of a U.S. passport in violation of the restrictions contained therein or of the passport regulations is punishable by fine and/or imprisonment under 18 U.S.C. 1544. All statements and documents submitted are subject to verification.

PRIVACY ACT STATEMENT

AUTHORITIES: We are authorized to collect this information by 22 U.S.C. 211a et seq.; 8 U.S.C. 1104; 26 U.S.C. 6039E; Executive Order 11295 (August 5, 1966); and 22 C.F.R. parts 50 and 51.

PURPOSE: We are requesting the information to ensure that no one has more than one valid U.S. passport book and one valid U.S. passport card at any one time, except as authorized by the U.S. Department of State, and to combat passport fraud and misuse.

The collection of the Social Security number will be used to verify the identity of the person reporting the lost or stolen passport and no other purpose unless authorized by law.

ROUTINE USES: This information may be disclosed to another domestic government agency, a private contractor, a foreign government agency, or to a private person or private employer in accordance with certain approved routine uses. These routine uses include, but are not limited to, law enforcement activities, employment verification, fraud prevention, border security, counterterrorism, litigation activities, and activities that meet the Secretary of State's responsibility to protect U.S. citizens and non-citizen nationals abroad.

More information on the routine uses for the information can be found in System of Records Notices State-05, Overseas Citizen Services Records and State-26, Passport Records.

DISCLOSURE: Providing your Social Security number and other information on this form is voluntary, but failure to provide the information on this form may, given the form's purpose of verification of your identity, result in processing delays.

PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average ten minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Legal Affairs and Law Enforcement Liaison, 2201 C Street NW, Washington, D.C. 20520.



STATEMENT REGARDING A LOST OR STOLEN U.S. PASSPORT BOOK AND/OR CARD

IMPORTANT NOTICE

A U.S. citizen may not normally bear more than one valid or potentially valid U.S. passport book and/or card at a time. Therefore, a statement is required when applying for a new U.S. passport if the previously valid or potentially valid passport is not submitted. Your statement must detail why the previous U.S. passport cannot be presented. The information you provide on this form will be placed into the Consular Lost and Stolen Passport System, which is designed to prevent the misuse of all reported lost or stolen passports. If more than one U.S. passport previously issued to you was lost or stolen, your replacement passport may be limited in validity. Once reported, the lost or stolen passport is electronically cancelled and **MUST NOT BE USED FOR TRAVEL**. Anyone (including the bearer) traveling on a reported lost or stolen passport may be detained upon entering the United States. Should you locate the passport after reporting it lost or stolen, submit it for cancellation to the Consular Lost and Stolen Unit. See page one of this form for more information.

Please select the document (or documents) which you are reporting and its status.

U.S. Passport Book

Lost
 Stolen

U.S. Passport Card

Lost
 Stolen

1. IDENTIFYING INFORMATION: Type or print legibly in black ink in white areas only.

Last Name		First Name		Middle Name	
Has your name changed since the passport was issued? If yes, state the name in which the lost or stolen passport was issued.					
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (mm-dd-yyyy)		Place of Birth (City & State if in U.S. or City & Country)		Social Security Number
Current Address (Street, City, State, and ZIP Code)					
Telephone Number ()		Alternative Telephone Number ()		E-mail Address	

2. LOST OR STOLEN U.S. PASSPORT BOOK/CARD INFORMATION: Answer all questions completely. If you do not know the answer in detail, be as exact as possible.

Are you submitting this form in connection with an application for a new U.S. passport book and/or card? Yes No

Explain how your U.S. passport book/card was lost or stolen.

Did you file a police report? Yes No

Explain where the loss or theft occurred. Provide Address if known (City and State, if in the U.S., or City and Country as it is presently known)

On what date was your U.S. passport book/card lost or stolen? (mm-dd-yyyy). If unknown, when was the last time you remember it in your possession?

List your lost or stolen U.S. Passport Book: Number: _____ Issue Date (mm/dd/yyyy) _____	List your lost or stolen U.S. Passport Card: Number: _____ Issue Date: (mm/dd/yyyy): _____
--	--

Have you had any other U.S. passport book/card lost or stolen? Yes No

If yes, how many times? _____ Approximate time frame? _____ Did you file a police report? Yes No

3. YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW

I, the undersigned, declare under penalty of perjury all of the following: 1) That I have read and understood the warning on page one of this form; 2) The information furnished herein is correct and complete; 3) I have not given my U.S. passport book and/or passport card to another person or disposed of it in an unauthorized manner; 4) I understand that the U.S. passport(s) I report as missing will be invalidated and cannot be used; and 5) if I subsequently find and recover it, I will immediately return the passport and/or passport card to Passport Services at the address on page one of this form or to the nearest U.S. passport agency, U.S. embassy, or U.S. consulate abroad.

_____ Legal Signature - age 16 or older or Parent/Guardian if under age 16	_____ Date (mm/dd/yyyy)
_____ Legal Signature - Parent/Guardian if under age 16	_____ Date (mm/dd/yyyy)

Both parents or guardians of a child younger than 16 years old must sign this form when submitting on the child's behalf unless one parent or guardian has sole custody. If there is sole custody, include a copy of a supporting document, such as a court order, with this form.



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)