

## APPLICATION FOR A U.S. PASSPORT

Please Print Legibly Using Black Ink Only

OMB CONTROL NO. 1405-0004
OMB EXPIRATION DATE: 08-31-2019

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	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 <u>not</u> valid for international air travel. For more information see page 1 of instructions.																											
	The U.S. passport card is <u>not</u> 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.																											
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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 U.S. Citizen?							
	Male Yes Female No							
Mother/Father/Parent - First & Middle Name	Last Name (at Parent's Birth)							
Date of Birth (mm/dd/yyyy) Place of Birth	Sex U.S. Citizen?							
	Male Yes Female 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 Da	ate of Birth (mm/dd/yyyy) Place of Birth							
U.S. Citizen? Date of Marriage Have you ever been widowed or divorced? Widow/Divorce Date  Yes No (mm/dd/yyyy)  Yes No (mm/dd/yyyy)								
Yes No (mm/dd/yyyy)  12. Additional Contact Phone Number  13. Occupation (if age 16 or older)  14. Employer or School (if applicable)								
Home Cell	in (in age 70 or order)							
18. Travel Plans								
	Date (mm/dd/yyyy) Countries to be Visited							
19. Permanent Address - If P.O. Box is listed under Mailing Address or if residence is								
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								
radios. Shouth 2 /	, or r.o. Box							
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)								
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Status of your most recent passport book: Submitting with application Stolen	Lost In my possession (if expired)							
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Status of your most recent passport card: Submitting with application Stolen	Lost In my possession (if expired)							
PLEASE DO NOT WRITE BELOW THIS LIN								
Name as it appears on citizenship evidence								
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DS-11 06-2016 Page 2 of 2



## 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 o	check <b>all</b> that apply:									
<b>✓</b>	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.									
<u>~</u>	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 Informati	<u>on</u>								
(Not	te: All of the information below may ONLY be filled out t person legally acting in loco									
Applica	ant Name:									
	(Last Name, First Name, I	Middle Name)								
Applicant Phone No: Date:										
	(Area Code-XXX-XXXX)	(MM/DD/YYYY)								
Courier	r Company Name: RJR INTERNATIONAL PASS	PORT VISAS								
Annlicar	nt 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)