



Tel: 888 838 4867 ♦ Email: [TOUR@traveldocs.com](mailto:TOUR@traveldocs.com)

## REQUIREMENTS TO EXPEDITE RENEWAL OF U.S. PASSPORT

- 1.** One completed application form DS-82 (See attached)
- 2.** Two professional passport photographs, taken within the past 3 months.
- 3.** Most recently issued passport. (The passport must have been issued fewer than 15 years ago, and the bearer must have reached their 16th birthday before the passport issue date.)
- 4.** Proof of the departure date from the USA (copy of itinerary or air tickets indicating eminent international travel). If we are also processing visas for you for a tour or cruise you will not need to supply this information but it is helpful if you have it readily available to include.
- 5.** Letter "Attn: U.S. Passport Agency" stating "I authorize Travel Document Systems to pick up my passport and to discuss the status of my application with the Passport Services staff." This letter requires the original signature of the applicant in **BLUE INK**. (See attached)

### Fees:

<b>PTDS Passport Renewal Service Fee:</b>	<b>\$ 80.00</b>
<b><u>U.S. Government Renewal &amp; Expediting Fee:</u></b>	<b><u>\$170.00</u></b>
<b>Total</b>	<b>\$250.00</b>

Send **the above documents by FedEx or other traceable courier service to:**

**PINNACLE TRAVEL DOCUMENT SYSTEMS  
925 15th STREET N.W. 3rd Floor  
WASHINGTON D.C. 20005  
1-888-838-4867**

### PROCESSING INFORMATION

- Your application will be hand carried to the U.S. Passport Agency. There, the Passport Agent will examine the application and if all documents are in order, assign a date the passport will be issued (according to departure date from U.S.). Processing time varies according to the departure date from the U.S. and visas required – usually 4-10 days.
- A 52-page business traveler's passport can be issued in lieu of the usual 27-page passport on request at no additional charge. Attach a note requesting a 52-page passport to the passport application.

**PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY. MISSING OR INCORRECT INFORMATION MAY RESULT IN SIGNIFICANT DELAYS**

Please note that application requirements and fees are subject to change without notice.  
Credit card payment subject to 3.5% surcharge.



## PLEASE BE CERTAIN TO INCLUDE THE FOLLOWING:

- ◆ Your existing passport (Issued in the past 15 years and prior to your 16<sup>th</sup> birthday)
- ◆ This completed form
- ◆ One (1) completed US Government application form DS-82 *per person*
- ◆ One (1) PTDS Authorization Form *per person* executed in [blue ink](#)
- ◆ Two (2) professional passport-type photographs *per person*
- ◆ Proof of departure from the U.S.
- ◆ Check or money order payable to Pinnacle TDS or credit card authorization below

### PLEASE TYPE OR PRINT CLEARLY

<b>Full Name (1):</b> _____		<b>Full Name (2):</b> _____	
<b>Passport #:</b> _____ <b>Exp:</b> <small>Mo</small> / <small>Yr</small> _____		<b>Passport #:</b> _____ <b>Exp:</b> <small>Mo</small> / <small>Yr</small> _____	
<b>Home</b> <b>Mailing</b> <b>Address:</b>	_____	<b>Home Tel:</b> _____	
	_____	<b>Work Tel:</b> _____	
	_____	<b>Email:</b> _____	
_____ (FedEx cannot deliver to PO boxes)		<b>Date of Departure from Home:</b> <small>Month</small> / <small>Day</small> / <small>Year</small> _____	
<b>Address</b> <b>For the</b> <b>Return of</b> <b>Passport:</b> <b>Tel:</b>	_____	<b>Service: US Passport Renewal</b>	
	_____	<b>Special Instructions:</b> _____	
	_____	_____	
	_____	_____	

Please indicate below if there are known periods during which you will not be available to sign for the return of your passport via FedEx.

I will not be at my home and/or return shipping address from Month / Day / Year to Month / Day / Year

#### CREDIT CARD AUTHORIZATION: AMEX / VISA / MC (please circle one)

Cardholder Name: \_\_\_\_\_

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

Card #: \_\_\_\_\_

Expires: Mo / Yr \_\_\_\_\_ Amount US\$ \_\_\_\_\_

**PTDS PSPT RENEW (110+60)80**

# PTDS

**PINNACLE TRAVEL DOCUMENT SYSTEMS, INC.**

## **AUTHORIZATION FORM**

Tel: 888-838-4867  
202-638-3800  
Fax: 202-638-4674

**To: U.S. Department of State  
Passport Agency**

I, \_\_\_\_\_ authorize  
(full name and birth date)  
PINNACLE TRAVEL DOCUMENT SYSTEMS to pick up my passport and to discuss the status of my  
application with the Passport Services Staff.  
My departure date from the United States is \_\_\_\_\_.

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

\_\_\_\_\_  
Signature of parent if applicant is under age 18

**Complete if Applicable:**

I am requesting that my application for passport be expedited, as I will also be required to apply for visas  
for the following country(ies): \_\_\_\_\_.

**Pinnacle Travel Document Systems  
925 Fifteenth Street N.W. 3rd Floor  
Washington, D.C. 20005  
Voice: 1-800-874-5100....Local: 202-638-3800  
Fax: 202-638-4674**



# U.S. PASSPORT RENEWAL APPLICATION FOR ELIGIBLE INDIVIDUALS

Please Print Legibly Using Black Ink Only

OMB APPROVAL NO. 1405-0020  
EXPIRATION DATE: 12-31-2013  
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.

☐ 28 Page Book (Standard) ☐ 52 Page Book (Non-Standard)

Note: The 52 page 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 Address (e.g. my\_email@domain.com)

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

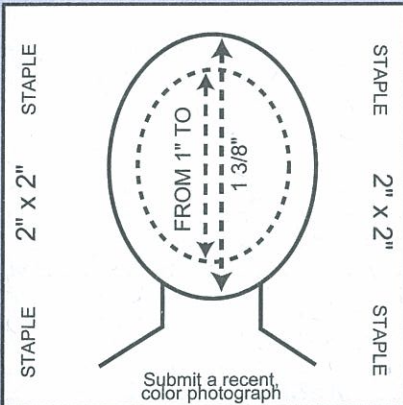
Zip Code

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 listed on your most recent 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 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 of your 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 one of the instructions to the application form.

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

\_\_\_\_\_ Date

### FOR ISSUING OFFICE ONLY

☐ PPT C/R ☐ PPT 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 A 12 2010 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

☐ Home ☐ Cell  
☐ Work ☐

☐ Home ☐ Cell  
☐ Work ☐

18. 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

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

Date of Trip (mm/dd/yyyy)

Duration of Trip

Countries to be visited

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



\* DS 82 A 12 2010 2 \*