



**VISAS
& PASSPORTS**

Second Valid Passport

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 Miami: 80 SW 8th Street, Suite 2250
Phone _____
Toll Free _____
Miami, FL 33130

G3 Washington, DC: 3300 N Fairfax Drive, Suite 220
Phone _____
Toll Free _____
Arlington, VA 22201

G3 Chicago: 11 East Adams, Suite 1605
Phone _____
Toll Free _____
Chicago, IL 60603

**Less than 2 business day service is available on a limited basis, and must be reserved in advance by calling G3. Credit card billing information must be provided when making a reservation. Reservations that are not kept will be charged full G3 processing fees unless cancelled 24 hours in advance.*

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.

Applicable Fees

US Government Fee

Second Valid Passport \$170.00

G3 Processing Fees

2 Business Days or Less* \$250.00

6 Business Days \$175.00

**If you require less than 2 business day service, you must contact G3 to reserve your passport processing slot. G3 must receive all paperwork no later than 8:30 AM via FedEx or UPS with no signature required.*

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	\$170.00	x _____	= \$0.00
G3 Processing Fee	_____	x _____	= \$0.00
Shipping Fee	_____		= _____
		Subtotal:	\$0.00
		Add 5% fee for credit card processing:	\$0.00
		Total Payment Enclosed:	\$0.00

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: _____

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EFTA_R1_01195124

EFTA02310784



Second Valid Passport

Required Documents Checklist:

- ☐ Your current 10 year passport. The passport must be valid and signed. If your passport will expire in less than one year, the Passport Agency will require that you renew your passport before applying for a second valid passport.
- ☐ 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 Book"). 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 online passport application are available at <http://www.g3visas.com/v2/Passport3.html>.
- ☐ Two NEW 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. Photos that have been used for a previously issued passport are not acceptable. The photos must measure 2"x2" and meet the head size criteria specified at 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. Please complete all LOAs so all of our companies have the ability to process your request. The signature on the LOA must be original, no faxes, scans or copies will be accepted.
- ☐ Second Valid Letter of Request. This letter must explain one of two reasons for needing a second valid passport, and must be signed by the applicant.
 - The letter may demonstrate trips arriving and departing in close proximity, making it difficult to acquire the visas needed for the second trip.
 - The letter may demonstrate previous trips to the Middle East that would create difficulties in entering another Middle Eastern country.The proof of departure must show the specific trips described in the letter. A sample letter is attached for your review.
- ☐ "Request for a Second Valid Passport" Form. This form must be completed and signed in addition to the Letters of Authorization and Second Valid Letter of Request.
- ☐ Proof of Departure. Submit a copy of your flight itinerary, airline tickets, or a letter from your company (on company letterhead) stating that there a second valid passport is required for business travel. This letter must be signed by a representative of the company other than the applicant and must specify the applicant's departure date(s) and destination(s).



VISAS
& PASSPORTS

Sample Second Valid Passport Letter of Request from Applicant

******Please print your letter on company letterhead******

June 1, 2010

U.S. Passport Office
Department of State

To Whom It May Concern:

I work for [COMPANY NAME] as a/an [OCCUPATION] and travel internationally with great frequency. As a consequence, my passport is with me when I travel abroad, and I cannot obtain visas for the trips that are planned while I am out of the country, **which causes undue hardships and much inconvenience.**

I am currently traveling to India on June 15, 2010, and will be returning to the United States on June 25, 2010. On July 1, 2010, I will be traveling to Brazil, and visas are necessary for this trip. *[Please note that the dates of TWO trips are required, within one week of another, the second trip requiring visas.]*

Please issue me a second valid passport, so I can have the visas issued while I am on the first trip. I understand that the passport will **only be valid for a limited period.** If you have any questions, please feel free to call me at [phone number].

Should either my original 10 year passport or my limited validity (second valid) **passport be lost or stolen**, I will report the circumstances immediately to the Passport Office in Washington, DC, or, if abroad, to the nearest US Embassy or Consulate.

Thank you for your assistance with this matter.

Sincerely,

SIGNED BY THE APPLICANT

PRINTED NAME
OCCUPATION
COMPANY NAME

Letter of Authorization

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

U.S. Passport Office
Chicago Passport Agency
Chicago, IL

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

U.S. Passport Office
Miami Passport Agency
Miami, FL

Date: _____

To Whom It May Concern:

I, _____, hereby authorize a representative of G3 Visas & Passports 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

G3 Visas & Passports US Offices

Washington, DC Office
3300 N. Fairfax Drive
Suite 220
Arlington, VA 22201

Chicago, IL Office
11 East Adams
Suite 1605
Chicago, IL 60603

Houston, TX Office
2425 West Loop South
Suite 200
Houston, TX 77027

Miami, FL Office
80 SW 8th Street
Suite 2250
Miami, FL 33130

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.

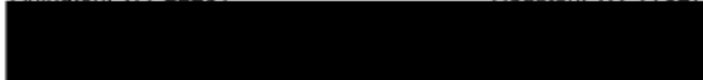
Thank you for your assistance with my application.

Original Signature of Applicant

Global Passports & Visas, Inc. US Offices

Washington, DC Office
3300 N. Fairfax Drive
Suite 220
Arlington, VA 22201

Houston, TX Office
2425 West Loop South
Suite 200
Houston, TX 77027



REQUEST FOR A SECOND VALID PASSPORT

TO THE _____ PASSPORT AGENCY. DATE _____
(Complete Type I or Type II which ever paragraph is applicable.)

TYPE I: I hereby certify that it is necessary for me to have a second passport valid only for travel to _____.

(a) Because the _____ stamp(s) in my present passport will not allow me to travel to _____.

(b) Because my itinerary requires that I travel first to _____ and then to _____. I am unable to change my travel plans.

TYPE II: I hereby certify that a second valid passport is necessary because my present passport will be advised for travel to _____. I have been informed it will take at least _____ days. While my present passport is being visaed, I will be traveling to _____ from _____ to _____.

I understand that (if TYPE I above applies) one of the passports will be restricted for travel only to _____.

I understand that (if TYPE II above applies) the second passport will be limited in time to cover this one trip.

I agree to report without delay the loss of either passport to the nearest United States Embassy or Consulate abroad, or to a passport Agency in the United States.

SIGNATURE

NUMBER OF CURRENT PASSPORT: _____

DATE ISSUED: _____



APPLICATION FOR A U.S. PASSPORT BY MAIL

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

Your application must have this bar code on it!

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.

1. Name Last

DOE

First & Middle

JOHN

3. Sex

☒ M ☐ F

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

CITY OF BIRTH, AL

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

STREET WHERE YOU LIVE

☐ R ☐ D ☐ O ☐ DP

End. # _____ Exp _____

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

01 - 01 - 1970

5. Social Security Number

999 - 99 - 9999

Apartment or unit #

City

CITY WHERE YOU LIVE

State

AL

Zip Code (Zip + 4 if known)

12345

In Care Of or Country, if applicable

7. Contact Phone Number

123 - 456 - 7890

☒ Home ☐ Cell
☐ Work

8. Email Address (Optional)

YOUR-EMAIL@EMAIL.COM

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

Most recent passport book or passport card

111111111

Issue date (mm/dd/yyyy)

01/01/1998

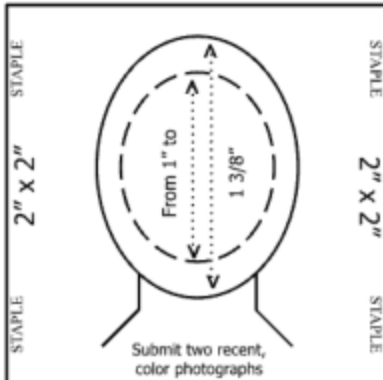
11. Name Change Information - Complete if name is different than last passport book or passport card

☐ Changed by Marriage Place of Name Change (City/State)

Date (mm/dd/yyyy)

☐ Changed by Court Order

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



Submit two recent, color photographs

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:

Please go to <https://pptform.state.gov/PassportWizardMain.aspx> to create your DS-82 application form online

PPT Fee _____ EF _____ Postage _____ Other _____



DS 82 10 2007 1

Name of Applicant <i>(Last, First & Middle)</i>				Date of Birth <i>(mm/dd/yyyy)</i>	
DOE , JOHN				01/01/1970	
12. Height	13. Hair Color	14. Eye Color	15. Occupation	16. Employer	
6ft. 0in.	Brown	Brown	BUSSINESS PERSON	ACME, INC	
17. Additional Contact Phone Numbers					
<input type="checkbox"/> Home <input type="checkbox"/> Cell		<input type="checkbox"/> Home <input type="checkbox"/> Cell		<input type="checkbox"/> Work <input type="checkbox"/> _____	
18. Permanent Address: <i>Street/RFD # (No P.O. Box)</i>					
STREET WHERE YOU LIVE				Apartment or unit #	
City				State	Zip Code
CITY WHERE YOU LIVE				AL	12345
19. Emergency Contact - <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 DOE		STREET WHERE SHE LIVES			
City	State	Zip Code	Phone Number	Relationship	
CITY WHERE SHE LIVES	AL	12345	1234567890	WIFE	
20. Travel Plans					
Date of Trip <i>(mm/dd/yyyy)</i>	Length of Trip	Countries to be visited			
08/08/2008	10 DAYS	CHINA			
STOP! YOU HAVE COMPLETED YOUR APPLICATION BE SURE TO SIGN AND DATE PAGE ONE					
<p>Please go to https://pptform.state.gov/PassportWizardMain.aspx to create your DS-82 form online.</p> 