

VIP PASSPORT SERVICES, INC.

2012 Louisiana Street

Houston, Texas 77002

713-659-8472 1-800-856-8472 Fax 713-659-3767

Website: www.vippassports.com Email: vipinfo@vippassports.com



NOTICE

Effective Tuesday, September 7th 2021, the U.S. Department of State

Passport Services has authorized our Company to resume submitting

expedited applications in person.

Please make note that this procedure is only for applicants departing in less than 14 days (Not needing a visa) or within 4 weeks (Needing a visa).

The passport office is asking that the applications must have been signed within 5 days of when the application will be submitted.

Please complete the paperwork and then email the information back our way so we can proof the information and add their name to the submit list. We will need to receive all the supporting documents before noon on the day before we are to submit the application, or the application will need to be submitted on a later date.

Please see next page for the 2 different level of processing times offered at this time.

THANK YOU,

VIP PASSPORT SERVICES, INC.

VIP PASSPORT SERVICES, INC.

2012 Louisiana Street

Houston, Texas 77002

713-659-8472 1-800-856-8472 Fax 713-659-3767

Website: www.vippassports.com Email: vipinfo@vippassports.com



If you would like for VIP to arrange for your 2nd limited passport, please send the documents listed below and check the line for the level of service requested and we will get started:

- Original valid passport
- Original DS-82 application form which you can fill out at travel.state.gov
- Original passport photo taken within the last 6 months
- 4 Authorization letters
- Proof of travel
- Letter requesting 2nd passport from the applicant
- Letter requesting 2nd passport from the Company
- Attachment "A" form
- Work order request form (see attached)

_____ Expedited service fee for the **4 to 6 week processing** is \$366.42

_____ Expedited service fee for the **4 to 7 day processing** is \$609.32 (Plus return delivery)

If you are also requesting a passport card then please add \$30.00 to the fees listed above.

VIP PASSPORT SERVICES, INC.

2012 Louisiana Street
Houston, Texas 77002
713-659-8472 1-800-856-8472 Fax 713-659-3767
Website: www.vippassports.com Email: vipinfo@vippassports.com



WORK ORDER REQUEST FORM

TRAVELER INFO			
TRAVELER NAME			
TRAVELER DATE OF BIRTH			
DATE OF U.S. DEPARTURE			
DATE PASSPORT IS NEEDED			
VIP FILE LOCATOR NUMBER			
PASSPORT SERVICES		<input type="checkbox"/>	4 - 7 BUSINESS DAY'S
PROCESS SPEED (SELECT ONE)		<input type="checkbox"/>	4 - 6 WEEK'S
BILLING INFORMATION <input type="checkbox"/> (CHECK BOX IF SAME AS SHIPPING)			
CONTACT & COMPANY NAME			
ADDRESS (STREET, CITY, STATE, ZIP)			
PHONE NUMBER			
CELL NUMBER			
FAX NUMBER			
EMAIL			
P.O. OR BILLING REF#:			
RETURN SHIPPING INFORMATION <input type="checkbox"/> (CHECK BOX TO WAIVE SIGNATURE)			
CONTACT NAME			
ADDRESS (STREET, CITY, STATE, ZIP)			
PHONE NUMBER			
CELL NUMBER			
EMAIL			
METHOD OF PAYMENT			
<input type="checkbox"/> CREDIT CARD	CARD NUMBER	EXP. DATE	CVV CODE
SIGNATURE OF CARD HOLDER		AUTH. AMOUNT \$_____	
<input type="checkbox"/> MONEY ORDER	<input type="checkbox"/> CASHIER'S CHECK	<input type="checkbox"/> COMPANY CHECK	

DON'T FORGET

TO EMAIL YOUR DOCUMENTS TO OUR OFFICE FOR OUR COMPLIMENTARY PASSPORT/VISA PRE-CHECK!

SPECIAL INSTRUCTIONS: _____

VIP PASSPORT SERVICES, INC.

2012 Louisiana Street
Houston, Texas 77002
713-659-8472 1-800-856-8472 Fax 713-659-3767
Website: www.vippassports.com Email: yipinfo@vippassports.com



SECOND LIMITED U.S. PASSPORT

SECOND LIMITED PASSPORTS ARE NOT ISSUED FOR AS A CONVENIENCE; THEY ARE ISSUED SOLELY AT THE DISCRETION OF THE PASSPORT SUPERVISOR. IN CERTAIN CASES A DS-11 MAY NEED TO BE SUBMITTED.

THE TWO REASONS WHY A SECOND LIMITED PASSPORT WOULD BE ISSUED ARE:

- YOU HAVE MORE THAN ONE BUSINESS TRIP THAT REQUIRES A VISA AND YOU WILL BE LEAVING THE U.S. BEFORE THE VISA(S) CAN BE OBTAINED, REQUIRING A SECOND PASSPORT ALLOWING TRAVEL WITH THE CURRENT PASSPORT WHILE OBTAINING A VISA IN THE SECOND LIMITED PASSPORT

OR

- YOU WILL BE TRAVELING TO TWO COUNTRIES THAT ARE IN POLITICAL/RELIGIOUS CONFLICT WITH EACH OTHER.

- 1.) [CLICK HERE](#) TO COMPLETE THE GOVERNMENT PASSPORT RENEWAL APPLICATION (DS-82) ONLINE. ONCE YOU HAVE COMPLETED THE FORM, CLICK ON THE "CREATE FORM" BUTTON AND THEN PRINT IT. **BE SURE TO SIGN IN BLUE INK. FAILURE TO DO SO WILL CAUSE A DELAY.**
- 2.) **ONE (1) COLOR PASSPORT PHOTOGRAPH – NO GLASSES** (2x2) TAKEN WITHIN THE PAST THREE (3) MONTHS. BE SURE THAT THE PHOTOGRAPHS ARE TAKEN WITH AN OFF-WHITE BACKGROUND AND BOTH EARS CAN BE SEEN. THEY **CANNOT** BE IDENTICAL TO THE PHOTOGRAPH IN YOUR CURRENT PASSPORT. [CLICK HERE](#) FOR MORE GUIDELINES ON ACCEPT PHOTOS.
- 3.) **CURRENT PRIMARY PASSPORT**; THE PRIMARY PASSPORT HAS TO HAVE AT LEAST (2) TWO YEARS OF VALIDITY REMAINING. IF IT DOES NOT HAVE AT LEAST TWO (2) OR MORE YEARS, APPLICANT MAY BE REQUIRED TO RENEW THE PRIMARY PASSPORT BEFORE OBTAINING A SECOND PASSPORT RENEWAL.
- 4.) **CHECK OR MONEY ORDER** PAYABLE TO "US DEPARTMENT OF STATE" IN THE AMOUNT OF \$208.32)
- 5.) **COMPANY LETTER**, ON ORIGINAL LETTERHEAD AND SIGNED IN **BLUE INK** REQUESTING THAT A SECOND LIMITED PASSPORT BE ISSUED.
- 6.) **LETTER FROM THE APPLICANT**, ON ORIGINAL LETTERHEAD AND SIGNED IN **BLUE INK** REQUESTING THAT A SECOND LIMITED PASSPORT IS ISSUED.
- 7.) **STATEMENT LETTER (ATTACHMENT "A" FORM LETTER)** FROM THE APPLICANT, REGARDING EITHER OF YOUR PASSPORTS BEING LOST OR STOLEN AND REQUESTING TO PLEASE ISSUE YOU A 2ND PASSPORT. **DO NOT REPRINT AND/OR TYPE ON LETTERHEAD**, SIGN IN **BLUE INK**.
- 8.) **ONE (1) COMPLETED SECOND LIMITED PASSPORT "HN-5" FORM** (WHEN APPLICABLE) SIGN IN **BLUE INK**
- 9.) **TRAVEL ITINERARY** SUPPORTING THE DEPARTURE DATE(S) AND INTERNATIONAL DESTINATIONS AS STATED IN THE COMPANY/INDIVIDUAL LETTER
- 10.) **LETTER OF AUTHORIZATION** AUTHORIZING **VIP SERVICES, EXECUTIVE PASSPORT & VISA SERVICE, PASSPORT EXPRESS, PASSPORT PLUS VISAS, AND PASSPORT PHOTOS TO GO** TO DISCUSS THE STATUS OF THE APPLICATION AND COLLECT THE PASSPORTS ON APPLICANT'S BEHALF, SIGNED IN **BLUE INK**

CONTINUED →

VIP PASSPORT SERVICES, INC.

2012 Louisiana Street

Houston, Texas 77002

713-659-8472 1-800-856-8472 Fax 713-659-3767

Website: www.vippassports.com Email: vipinfo@vippassports.com



SPECIAL NOTES:

- PASSPORT CARDS WILL NOT BE ISSUED WHEN REQUESTING A SECOND LIMITED PASSPORT. THEY MUST BE REQUESTED INDEPENDENTLY OR WHEN APPLYING FOR A PRIMARY RENEWAL OR FIRST TIME PASSPORT REQUEST.
- OUR COMPANY IS ALLOWED TO SUBMIT APPLICATIONS TO THE PASSPORT OFFICE EACH DAY BEFORE 7:00 AM. IN ORDER TO INSURE YOUR REQUEST IS SUBMITTED ON-SCHEDULE, PLEASE SEND YOUR APPLICATION BY PERSONAL DELIVERY OR BY AN OVERNIGHT COURIER TO ARRIVE AT LEAST ONE DAY PRIOR TO YOUR SCHEDULED RESERVATION. ANY DOCUMENTS RECEIVED AFTER CLOSE OF BUSINESS THE DAY BEFORE A RESERVED SUBMISSION IS SCHEDULED MAY BE SUBJECT TO POSSIBLE DELAY OF SUBMISSION.

REVISED: 3-28-2022 EL

VIP PASSPORT SERVICES, INC.

2012 Louisiana Street
Houston, Texas 77002
713-659-8472 1-800-856-8472 Fax 713-659-3767
Website: www.vippassports.com Email: vipinfo@vippassports.com



EXAMPLE

REQUEST FOR SECOND LIMITED PASSPORT

(INDIVIDUAL LETTER)

DATE: _____

DEAR PASSPORT REPRESENTATIVE,

I, (APPLICANT'S NAME), AM EMPLOYED BY (COMPANY NAME) AS A/AN (POSITION). MY POSITION REQUIRES THAT I TRAVEL FREQUENTLY ON INTERNATIONAL TRIPS AND USUALLY ON SHORT NOTICE.

I AM REQUESTING THAT I BE ISSUED A SECOND LIMITED PASSPORT TO ENABLE MY COMPANY TO SUBMIT THE LIMITED PASSPORT INTO THE (DESTINATION OF THE 2nd TRIP) EMBASSY, WHO HAS ADVISED THAT THE PROCESSING TIME TO HAVE THE VISA ISSUED COULD TAKE AS LONG AS ONE (1) MONTH, WHICH WOULD THEN ALLOW ME TO USE MY CURRENT PASSPORT TO TRAVEL TO (DESTINATION OF 1st TRIP) ON (DATE).

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. YOUR ASSISTANCE IN THIS MATTER IS VERY MUCH APPRECIATED.

VERY TRULY YOURS,

Applicant Signs Here

(APPLICANT NAME)

VIP PASSPORT SERVICES, INC.

2012 Louisiana Street
Houston, Texas 77002
713-659-8472 1-800-856-8472 Fax 713-659-3767
Website: www.vippassports.com Email: vipinfo@vippassports.com



EXAMPLE

REQUEST FOR SECOND LIMITED PASSPORT

(COMPANY LETTER)

DATE: _____

DEAR PASSPORT REPRESENTATIVE,

(APPLICANT'S NAME), IS EMPLOYED BY (COMPANY NAME) AS A/AN (POSITION). THEIR POSITION REQUIRES THAT THEY TRAVEL FREQUENTLY ON INTERNATIONAL TRIPS AND USUALLY ON SHORT NOTICE.

WE ARE REQUESTING THAT (HE/SHE) BE ISSUED A SECOND LIMITED PASSPORT TO ENABLE US TO SUBMIT THE LIMITED PASSPORT INTO THE (DESTINATION OF THE 2nd TRIP) EMBASSY, WHO HAS ADVISED THAT THE PROCESSING TIME TO HAVE THE VISA ISSUED COULD TAKE AS LONG AS ONE (1) MONTH, WHICH WOULD THEN ALLOW (HIM/HER) TO USE THEIR PRIMARY PASSPORT TO TRAVEL TO (DESTINATION OF 1st TRIP) ON (DATE).

SHOULD EITHER PASSPORT BE LOST OR STOLEN, (HE/SHE) WILL REPORT IMMEDIATELY THE CIRCUMSTANCES OF THE LOSS TO PASSPORT SERVICES, OR IF ABROAD, TO THE NEAREST U.S. EMBASSY OR CONSULATE. YOUR ASSISTANCE IN THIS MATTER IS VERY MUCH APPRECIATED.

VERY TRULY YOURS,

Supervisor's Signature

(SUPERVISOR'S NAME)

ATTACHMENT A

TO: U.S. DEPARTMENT OF STATE

United States Passport Agency

I, the undersigned, am the bearer of valid U.S. passport number _____
(NUMBER)

issued on _____. However, in view of the restricted entry policies and/or the time
(DATE)

delay in obtaining visas, it is impossible to complete my trip using one passport. Therefore,

I am requesting the issuance of a second valid passport to travel to _____,
(COUNTRY)

which I understand will be valid for four years. Should either passport be lost or stolen, I

will immediately report the circumstances of the loss to Passport Services, or, if abroad, to the

nearest U.S. Embassy or Consulate.

(APPLICANT'S SIGNATURE)

(TODAY'S DATE)



United States Department of State

Houston Passport Agency

1919 Smith Street

Suite 1100

Houston, Texas 77002-8049

PLEASE COMPLETE THE FOLLOWING INFORMATION IN ORDER TO COMPLY WITH YOUR REQUEST FOR A SECOND PASSPORT. ALSO SUBMIT EITHER AN ITINERARY FROM A TRAVEL AGENCY OR COMPANY LETTER SPECIFYING COUNTRIES TO BE VISITED.

REQUEST FOR SECOND PASSPORT

I, _____, AM HOLDER OF PASSPORT
_____, ISSUED ON _____ AT THE _____
PASSPORT AGENCY. MY CURRENT PASSPORT CONTAINS A
VISA/ENTRY/EXIT STAMP(S) FROM _____. I AM
SCHEDULED TO TRAVEL TO _____ ON _____.
DUE TO THE CURRENT CONDITIONS NOW EXISTING BETWEEN THESE
COUNTRIES, I WILL NOT BE ALLOWED TO ENTER _____
WITH MY CURRENT PASSPORT. THEREFORE, I REQUEST THE ISSUANCE
OF A SECOND PASSPORT.

I UNDERSTAND THIS PASSPORT WILL BE LIMITED IN VALIDITY NOT TO
EXCEED TWO YEARS AND WILL NOT STATE A GEOGRAPHIC LOCATION.

I ALSO WILL REPORT IMMEDIATELY THE LOST/THEFT/MUTILATION OF
EITHER PASSPORT TO THE NEAREST PASSPORT AGENCY OR AMERICAN
CONSULATE.

SIGNATURE

DATE

VIP PASSPORT SERVICES, INC.

2012 Louisiana Street

Houston, Texas 77002

713-659-8472

1-800-856-8472 Fax 713-659-3767

Website: www.vippassports.com

Email: vipinfo@vippassports.com



LETTER OF AUTHORIZATION

Please carefully read the information below before completing the 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 the 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 pickup 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 office 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: _____

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)



EXECUTIVE PASSPORT & VISA SERVICE
30118 DAVIS STREET
SUITE "A"
MAGNOLIA, TEXAS 77355
713-659-0009

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 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: _____

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)



2010 Louisiana Street Houston, Texas 77002
713-659-3686 1-866-849-8472 Fax 832-200-2944
Website: www.passportphotostogo.com Email: info@passportphotostogo.com

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 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: _____

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)



PASSPORT EXPRESS

30102 Scotty Street
Magnolia, TX 77355
(210) 402-0813
(832) 200-2944 – Fax

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 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: _____

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)



Just Passports

600 West 9th Street, Suite B

Austin, TX 78701

512-263-7578 or 877-771-RUSH (7874)

www.justpassports.com

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 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: JUST PASSPORTS

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)

I R TRAVEL CONSULTANTS

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 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 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: _____

Applicant Signature: _____
(If the applicant is under the age of 16 the parent, legal guardian, or person acting in loco parentis must sign.)

VIP PASSPORT SERVICES, INC.

2012 Louisiana Street
Houston, Texas 77002
713-659-8472 1-800-856-8472 Fax 713-659-3767

Website: www.vippassports.com Email: vipinfo@vippassports.com



RESERVATION CANCELLATION POLICY

ALL APPLICANTS REQUESTING THEIR PASSPORT BE PROCESSED FASTER THAN 4 – 6 WEEKS ARE REQUIRED TO HAVE A SUBMISSION RESERVATION. WHEN COPIES OF PASSPORT DOCUMENTS ARE RECEIVED AND REVIEWED, THE APPLICANT'S NAME WILL BE ADDED TO OUR RESERVATION LIST ON THE REQUESTED DAY, OR THE FIRST AVAILABLE DAY OF SUBMISSION.

WE DO UNDERSTAND THAT THE UNEXPECTED CAN HAPPEN, SO WE ARE HAPPY TO CANCEL OR RESCHEDULE YOUR RESERVATION WHEN NEEDED. HOWEVER, STARTING JANUARY 1ST, 2019, AN ADMINISTRATIVE CANCELLATION FEE OF 50% OF THE REQUESTED VIP SERVICE FEE WILL BE CHARGED IF ONE OR MORE OF THE FOLLOWING OCCUR:

- **SHORT-NOTICE CANCELLATIONS** (*APPLICANT'S ORIGINALS ARE NOT RECEIVED IN TIME FOR SUBMISSION AND THE RESERVATION IS NOT CANCELLED OR RESCHEDULED IN A REASONABLE AMOUNT OF TIME, USUALLY AT LEAST ONE BUSINESS DAY PRIOR TO THE SCHEDULED SUBMISSION DATE*)
- **NO CALL/NO SHOWS** (*WE ARE NOT ABLE TO REACH THE APPLICANT OR THEIR PROXY TO CONFIRM THE ORIGINALS ARE IN ROUTE FOR SUBMISSION THE FOLLOWING BUSINESS DAY*)

IF YOU HAVE ANY QUESTIONS REGARDING OUR CANCELLATION POLICIES FOR PASSPORT RESERVATIONS, PLEASE CONTACT OUR OFFICE TO SPEAK WITH THE MANAGER FOR MORE DETAILS.

THANK YOU,
VIP PASSPORT SERVICES, INC.

SPECIALIZING IN VISAS, PASSPORTS, DOCUMENT LEGALIZATION AND TRANSLATIONS