

VIP PASSPORT SERVICES, INC.

2012 Louisiana Street
Houston, Texas 77002
713-659-8472

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



RESERVATION CANCELLATION POLICY

ALL APPLICANTS REQUESTING THEIR PASSPORT BE PROCESSED FASTER THAN THE 4 – 6 WEEK PROCESS 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 SEPTEMBER 7, 2021, 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 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

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 INSTRUCITONS: _____

VIP PASSPORT SERVICES, INC.

2012 Louisiana Street
Houston, Texas 77002
713-659-8472

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



U.S. PASSPORT DATA CORRECTION (ADULT)

DOCUMENTS REQUIRED

PLEASE FORWARD THIS SHEET AND ALL THE REQUIREMENTS TO THE ADDRESS LISTED ABOVE

U.S. PASSPORT:	1	ONLINE APPLICATION (S):	1-5504
PASSPORT TYPE PHOTO (S):	1-COLOR	PROOF OF DEPARTURE	1-COPY
AUTHORIZATION LETTERS:	6	PROOF OF CORRECTIONS:	1-ORIG

OTHER: SEE NEXT PAGES FOR MORE DETAILED INSTRUCTIONS.

VIP SERVICES FEES:

PLEASE MARK THE APPROPRIATE BOX AND ADD THE FEES ABOVE FOR THE SERVICE (S) YOU HAVE REQUESTED:

- \$125.00..... 4 – 6 WEEK PROCESSING
- \$395.00 4 – 7 BUSINESS DAY RUSH – **RESERVATION REQUIRED**

ADDITIONAL SERVICES FEES:

- \$55.00 (FOR APPLICANTS REQUESTING BOTH A PASSPORT BOOK & CARD)

<u>FEES PER PERSON</u>	
STATE DEPARTMENT EXPEDITING FEE:	\$78.32
STATE DEPARTMENT BOOK FEE:	N/A
VIP SERVICES FEE (SEE BELOW):	
ADDITIONAL VIP SERVICES FEE:	
MONEY ORDER FEE:	\$6.00
RETURN SHIPPING FEE:	
TOTAL: (NO PERSONAL CHECKS)	

<u>RETURN SHIPPING FEES</u>	
(CHECK ONE)	
<input type="checkbox"/> PRIORITY LETTER	\$45.00
<input type="checkbox"/> 2-DAY LETTER	\$37.50
<input type="checkbox"/> 3-DAY LETTER	\$27.50
<input type="checkbox"/> SATURDAY LETTER	\$75.00
<input type="checkbox"/> FED EX 1 ST OVERNIGHT	\$95.00
<input type="checkbox"/> IAH AIRPORT DLVY	\$125.00
<input type="checkbox"/> LOCAL P/UP OR DLVY	CLICK HERE FOR QUOTE

IMPORTANT NOTE: PLEASE BE ADVISED THAT THE U.S. PASSPORT OFFICE ISSUES PASSPORTS ACCORDING TO YOUR DEPARTURE DATE. A PROCESSING TIME OF 8 DAYS OR LESS IS NOT ALWAYS AVAILABLE AND RESERVATIONS ARE REQUIRED. OUR COMPANY IS ALLOWED TO SUBMIT APPLICATIONS TO THE PASSPORT OFFICE EACH DAY AT 7:15 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. ****IF YOU ARE REQUESTING A RESERVATION FOR A PROCESSING OF LESS THAN 8 BUSINESS DAYS PLEASE EMAIL A COPY OF ALL YOUR DOCUMENTS TO VIPINFO@VIPPASSPORTS.COM AND THEN CALL OUR OFFICE SO THAT WE MAY REVIEW THE DOCUMENTS, ADD YOUR NAME TO THE RUSH PROCESS LIST AND GIVE YOU SHIPPING INSTRUCTIONS. YOU WILL BE GIVEN A VIP RESERVATION/FILE LOCATOR NUMBER TO HOLD YOUR PLACE IN THE LINEUP FOR VIP TO SUBMIT YOUR APPLICATION ACCORDINGLY. BE SURE TO LIST THE RESERVATION NUMBER ON THE WORK ORDER. FAILURE TO FOLLOW ANY OF THESE INSTRUCTIONS MAY CAUSE A DELAY.** VIP SERVICES IS NOT RESPONSIBLE FOR DELAYS BEYOND OUR CONTROL. IF IN EVENT THE PASSPORT OFFICE DENIES YOUR APPLICATION, VIP SERVICE FEES ARE NON-REFUNDABLE AND WILL BE CHARGED ACCORDING TO ORIGINAL REQUEST. AFTER THE APPLICATION HAS BEEN SUBMITTED TO THE PASSPORT OFFICE AND THEY PUT THE APPLICATION INTO SUSPENSE THERE WILL BE AN ADDITIONAL VIP SERVICE FEE OF \$50.00 TO SUBMIT THE ADDITIONAL DOCUMENTS AND MONITOR THE PROCESS UNTIL COMPLETION.

COMMENTS: IF YOU REQUESTED THE 4-6 WEEK PROCESS, THERE IS NO NEED TO CHECK ONE OF THE RETURN SHIPPING FEES, BECAUSE IT GETS DELIVERED DIRECTLY BACK TO APPLICANT.

REVISED: 6-23-2022 (EL)

VIP PASSPORT SERVICES, INC.

2012 Louisiana Street
Houston, Texas 77002
713-659-8472

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



U.S. PASSPORT DATA CORRECTION

PLEASE FOLLOW THESE INSTRUCTIONS IF ANY OF THE DESCRIPTIVE DATA IN YOUR CURRENT PASSPORT (NAME, DATE OF BIRTH, ETC.) WAS PRINTED INCORRECTLY.

- 1.) **CLICK HERE** TO COMPLETE THE **ONLINE** PASSPORT RE-APPLICATION FORM. **FAILURE TO DO SO WILL CAUSE A DELAY. DO NOT PRINT THE APPLICATION DOUBLE-SIDED.**
- 2.) **VALID U.S. PASSPORT**
- 3.) **ONE (1) COLOR PASSPORT TYPE PHOTOGRAPH** – **NO GLASSES** (2x2). THE HEAD IS MEASURED FROM BOTTOM OF CHIN TO THE TOP OF THE HAIRLINE AND SHOULD BE BETWEEN 1 INCH AND 1 3/8 INCHES, TAKEN WITHIN THE PAST THREE (3) MONTHS. BE SURE THAT THE PHOTOGRAPH IS TAKEN WITH A WHITE BACK GROUND. **CLICK HERE** FOR MORE GUIDANCE ON PHOTO SPECIFICATIONS.
- 4.) **ORIGINAL DOCUMENTARY EVIDENCE** SHOWING CORRECT INFORMATION PREVIOUSLY MISPRINTED ON THE PASSPORT: *(SUBMIT ON OF THE FOLLOWING)*
 - ORIGINAL OR CERTIFIED COPY OF MARRIAGE CERTIFICATE
 - ORIGINAL OR CERTIFIED COPY OF BIRTH CERTIFICATE, OR
 - ANY OTHER CERTIFIED DOCUMENT TO SHOW THE CORRECT DESCRIPTIVE DATA
- 5.) **CHECK OR MONEY ORDER** PAYABLE TO "DEPARTMENT OF STATE" IN THE AMOUNT OF \$78.32
- 6.) **PROOF OF DEPARTURE** – ALL SUBMISSIONS REQUIRING A RESERVATION MUST BE ACCOMPANIED BY PROOF OF DEPARTURE SHOWING A U.S. DEPARTURE DATE WITHIN 14 DAYS *(IF NO VISA IS NEEDED)* OR 28 DAYS *(IF VISA IS NEEDED)*. SUBMIT ONE OF THE FOLLOWING:
 - A CONFIRMED ITINERARY
 - A COPY OF YOUR AIRLINE TICKETS
 - AN ORIGINAL COMPANY LETTER OF EXPEDITE
- 7.) **LETTERS OF AUTHORIZATION** ALLOWING VIP SERVICES, EXECUTIVE PASSPORT & VISA SERVICES, PASSPORT EXPRESS, PASSPORT PLUS, JUST PASSPORT, IR TRAVEL CONSULTANTS, AND PASSPORT PHOTOS TO GO (OUR PARTNER COMPANIES) TO COLLECT THE PASSPORT ON YOUR BEHALF. IF YOU DO NOT INCLUDE AN AUTHORIZATION LETTER THE PASSPORT WILL BE MAILED TO THE ADDRESS LISTED ON THE APPLICATION.

SPECIAL NOTE: OUR COMPANY IS ALLOWED TO SUBMIT APPLICATIONS TO THE PASSPORT OFFICE EACH DAY BEFORE 7:15 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: 6-23-2022 (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



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)



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)



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)



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: _____

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



EXAMPLE OF COMPANY LETTER OF EXPEDITE

DO NOT ATTENTION THIS LETTER TO VIP SERVICES

PLEASE FOLLOW THIS FORMAT ON AN ORIGINAL COMPANY LETTERHEAD

DATE: _____

DEAR PASSPORT REPRESENTATIVE

MR./MRS. (NAME) IS ONE OF OUR EMPLOYEES WHO IS ENGAGED AS A(N)
(POSITION) FOR (COMPANY NAME).

MR. /MRS. (NAME) HAS AN URGENT INTERNATIONAL DEPARTURE TO
(DESTINATION) FOR THE PURPOSE OF (PURPOSE OF TRIP).

HE/SHE WILL BE DEPARTING THE U.S.A. ON (DATE). MR./MRS. (NAME) WILL BE
TRAVELING ON (AIRLINE) AND WILL BE STAYING FOR A PERIOD OF (LENGTH OF
STAY). PLEASE EXPEDITE HIS/HER PASSPORT AT YOUR EARLIEST CONVENIENCE.

VERY TRULY YOURS,

(SUPERVISOR'S TITLE AND SIGNATURE)

*PLEASE BE SURE THAT THIS LETTER IS SIGNED BY THE PERSON WHO AUTHORIZED
YOUR TRIP. THIS LETTER SHOULD NOT BE SIGNED BY THE TRAVELER. IF YOU ARE
REQUESTING SAME DAY SERVICE, WE RECOMMEND THAT YOU ALSO SEND A
COPY OF YOUR TRAVEL ITINERARY.*