

# **Application Kit for** Location

**Name Change Passport Renewal** 

Houston, USA

#### Contact our team of experts at any time +1 713 333 8200 / info@thevisateamusa.com

10 years Validity

**Processing Time** Standard (11 business days or more)

> Express (4-10 business days) Emergency (1-3 business days)

If you require Emergency, please call our office to reserve a spot

### **STEI**

STEP 1	: GATHER THE BELOW DOCUMENTS
	Complete DS-82 online  o Link: https://pptform.state.gov/FraudAbuseNotice.aspx
	Get Two (2) Passport Size Photos (CVS or Walgreens)
	Photo cannot be than three (3) months old. Please note that no glasses are allowed.  o Passport size (2×2 in)  o We suggest you follow the US Passport office guidelines: <a href="https://travel.state.gov/content/passports">https://travel.state.gov/content/passports</a>
	<b>Original Signed Passport</b> – Cannot be expired for more than five years from the date of expiration printed in the passport.
	<b>Original Proof of Name Change</b> — Original or certified copy of your Marriage License or the government issued document (court order) proving your legal name change under federal or state law. Documentation submitted as name change evidence will be returned to you after the presentation of the documents at the passport acceptance office or returned with your newly issued U.S. passport.
	Proof of Travel
	One (1) <u>Authorization Form</u> – Fully completed and signed – it will authorize us to submit your passport application on your behalf
STEP 2	SEND/SCHEDULE A PICK UP FOR YOUR DOCUMENTS:
	<b>If you are located in Houston</b> - please contact us to schedule an agent to personally collect your documents. This is the fastest and safest option when handling your original passport.
	For applicants located outside of Houston, please ship your documents to our office (you can request a prepaid FedEx overnight label from us):
	The VISA Team LISA

The VISA Team USA Attn: Passport Department 5225 Katy Freeway Suite 323 Houston, TX 77007

## **Visa Access**

# **Letter of Authorization**

Please carefully read the information below before completing this Letter of Authorization.

An individual's personal information <u>cannot</u> 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 p pick up the passport from a U.S. passport agency on												
	I authorize the passport agency to disclose to the company listed below any requests for furt documentation and/or information that that may arise in connection with my passport applicant 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 Inform	ation_											
(Note	e: All of the information below may ONLY be f guardian, or person legally acti												
Applic	ant Name:												
	(Last Name, First Name, Middle Name)												
Applic	eant Phone No:	Date:											
	(Area Code-XXX-XXXX)	(MM/DD/YYYY)											
Courie	er Company Name:												
Applic	ant Signature:												
	applicant is under the age of 16 the parent(s),legal guais must sign)	rdian(s), or person legally acting in loco											



Last Name



**VISA SERVICE REQUESTED** 

Please complete the following fields in FULL, and send inclusive of application required documents to:

Country

The Visa Team, 5225 Katy Freeway, Suite 323, Houston, TX 77007

TRAVELER INFORMATION

Description of Trip   Date	First Name(s)									Pι	ırpos	e of 1	rip										
Travel Date   Date Needed	Job Title									Dı	uratio	on of	Trip										
Date Needed	Nationality								N	umbe	er of E	ntrie	!S										
Office/Cell #   Visa Insurance:   Replacement Coverage   Frocessing Time:   Emergency: 1-3 Business Days   Standard: 7-15 Bu	Email Address								Tr	avel	Date												
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Project   Department #									Pr														
Do you need another visa?   YES										Ŭ							Express: 4-7 Business Days						
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