



GET THISS PASSPORT, LLC
5601 EXECUTIVE CENTER DR
SUITE 201-L
CHARLOTTE, NC 28212
O: 704-821-5234
F: 704-910-4287

CONSENT LETTER

Please carefully read the information below before completing this Letter of Consent giving GET THISS PASSPORT, LLC authorization to assemble your passport application on your behalf.

- _____ I agree that I am the rightful owner and or parent/legal guardian of the documents that I submit to have my passport prepared.
- _____ I have been made aware that all forms are available for free on travel.state.gov and I choose to use GET THISS PASSPORT, LLC services to assist with assembling my passport application.
- _____ I acknowledge, understand, and accept that prior to signing this form that GET THISS PASSPORT, LLC is a fee for service documentation preparation service and that GET THISS PASSPORT, LLC is in no way affiliated with The Department of State and GET THISS PASSPORT, LLC cannot guarantee the issuance of passports.
- _____ I have been verbally made aware that a copy of my DS-82 application is securely held until the conclusion of the current passport processing time has ended. Your application and any supporting documentation copies or photos will be sent back to you via U.S. certified mail to the address on the application.
- _____ I have been made verbally aware that a copy of my DS-11 application is held for a max of 4 weeks. Your application and any supporting documentation copies or photos will be sent back to you via U.S. certified mail to the address on the application.
- _____ Do not store my documents. Please securely destroy them immediately.
- _____ I have read the terms and conditions on page 1 of this 4 page packet and authorize GET THISS PASSPORT, LLC and it's authorized representatives permission to prepare my documents for me for the fees outlined on page 2 based on the service and/or form type I have selected.
- _____ I have reviewed GET THISS PASSPORT, LLC fee schedule on page 2 of 4 and selected the service that best suits my needs. I also agree to pay my fees upfront and that no work will be done until I have paid in full.

DOCUMENT PREPARED BY:

DOCUMENT REVIEWED BY:



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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)

Phone No:

(Area Code-XXX-XXXX)

Date:

(MM/DD/YYYY)

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)

REFERRED BY: _____

DO NOT WRITE BELOW THIS LINE

TOTAL FEES DUE: _____

TOTAL FEES PAID: _____

DATE PAID: _____

PLACE STAMP HERE

DOCUMENT PREPARED BY:

DOCUMENT REVIEWED BY: