

AUTHORIZATION TO APPLY FOR A "NO-FEE" PASSPORT AND/OR REQUEST FOR VISA		OMB No. 0702-0134 OMB approval expires Apr 30, 2019	
<p>The public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0702-0134). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p> <p>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RESPONSES SHOULD BE SENT TO: Department of Defense, Washington Headquarters Services, Enterprise Management Directorate, Business Integration Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100.</p>			
1. DATE PASSPORT OR VISA REQUIRED BY APPLICANT (YYYYMMDD)		2. MAJOR SERVICE COMPONENT	
3. TYPE OF REQUEST (X appropriate box) <input type="checkbox"/> INITIAL <input type="checkbox"/> RENEWAL <input type="checkbox"/> ADDITIONAL PAGES <input type="checkbox"/> VISA ONLY		4. TYPE OF PASSPORT BEING REQUESTED (X if applicable) <input type="checkbox"/> OFFICIAL <input type="checkbox"/> MILITARY DEPENDENT <input type="checkbox"/> DIPLOMATIC <input type="checkbox"/> NO-FEE REGULAR	
5. APPLICANT'S LAST NAME - FIRST NAME - MIDDLE NAME		6. APPLICANT'S DATE OF BIRTH (YYYYMMDD)	7. APPLICANT'S PLACE OF BIRTH
8a. SPONSOR'S LAST NAME - FIRST NAME - MIDDLE NAME (For spouses and/or family members) IF DIFFERENT THAN APPLICANT		9. SPONSOR'S MILITARY RANK/ CIVILIAN GRADE	10. SPONSOR'S SSN
b. SPONSOR'S EMAIL ADDRESS:			
11.a. APPLICANT'S CURRENT HOME ADDRESS (Include ZIP code)		b. HOME TELEPHONE NUMBER (Include area code)	
		c. OFFICE TELEPHONE NUMBER (Include area code/DSN)	
12.a. PASSPORT AGENT'S NAME (Last, First, Middle Initial)		b. MAILING ADDRESS (Include complete physical mailing address, building number, room number, ZIP code)	
c. AGENT EMAIL ADDRESS		<input type="checkbox"/> X if hold for pickup at the DoD Executive Agent Front Counter	
d. TELEPHONE NUMBER (Include area code)	e. AGENT ID	f. FACILITY ID NUMBER	
13. DESTINATION (Country or countries)	14. SPECIAL ASSIGNMENT REQUIRING PASSPORT* (See Note)	15. PASSPORT WILL BE RETURNED TO: (Include complete physical mailing address, building number, room number, ZIP code, and telephone number/DSN. No APO, FPO, or P.O. Boxes.)	
16. ESTIMATED DATE OF DEPARTURE (YYYYMMDD) (From country in which applicant is currently residing)	17. PROPOSED LENGTH OF STAY		
*NOTE: If assignment is to Attache; MAAG; JUSMMAT; Security Assistance Liaison Office (SALO); OSP or other Special Advisory Group, e.g., CENTO; or any particular assignment that will govern type and need for a passport, enter such information. If not, enter "Not Applicable."			
18. AUTHORIZING OFFICIAL			
a. NAME (Last, First, Middle Initial) <input type="checkbox"/> X if same as item 12.a.		b. GRADE	c. TITLE
d. COMPLETE MAILING ADDRESS (Include ZIP code)		e. TELEPHONE NO. (Incl. area code/DSN)	f. SIGNATURE
			g. DATE
19. ADDITIONAL INFORMATION (Attach continuation pages if necessary)			
FOR USE BY ISSUING OR RECEIVING AGENT (Suspense Control)			
20. DATE APPLIED FOR PASSPORT/VISA	21. PLACE APPLIED FOR PASSPORT/VISA	22. NAME OF COURT OR PASSPORT AGENT	
23. DATE PASSPORT/VISA RECEIVED	24. PASSPORT NUMBER	25. PASSPORT ISSUE DATE	26. PASSPORT EXPIRATION DATE
27. DOCUMENT(S) INCLUDED WITH PASSPORT/VISA	28. VISA REQUESTED FOR (Country)	29. DATE PASSPORT/VISA MAILED OR PICKED UP	30. PASSPORT RETURNED TO