

AUTHORIZATION TO APPLY FOR A "NO-FEE" PASSPORT AND/OR REQUEST FOR VISA**PRIVACY ACT STATEMENT**

AUTHORITY: 10 U.S.C. 113, Secretary of Defense; 22 U.S.C. 21 la; 22 U.S.C. 214; 26 U.S.C. 6039E; DoDM O-1000.21; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE: To provide authority for the issuance of a "No-fee" passport and/or foreign visa(s). In processing, the Social Security Number is used to identify and verify the identity of the applicant or sponsor. For additional information see the System of Records Notice AO 1000.21 OAA DoD, Visa Passport Automated System (VPAS)

(<https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/Army-Article-List/>).

ROUTINE USES: Information provided may be further disclosed to the Department of State for issuance of U.S. Passports; to Foreign Embassies for processing Visa request; to other Federal, State, local, and foreign government agencies to comply with information request to discharge responsibilities for enforcing statutes; and to contractors in the performance of duties supporting the DoD. In addition, this form is subject to the proper and necessary routine uses identified in the system of records notice(s) specified in the purpose statement above.

DISCLOSURE: Providing your Social Security Number and other information on this form is voluntary, but failure to provide your Social Security Number or other information requested on this form may result in processing delays or denial of your application.

INSTRUCTIONS**APPLICANT AND SPONSOR INFORMATION:**

1. **Date Passport or Visa Required by Applicant.** Indicate the date the passport will be needed by the applicant.
2. **Major Service Component.** "USA" for Army, "USN" for Navy, "USAF" for Air Force, "USMC" for Marine Corps.
3. **Type of Request.** Check the appropriate block.
4. **Type of Passport Being Requested.** Check the appropriate block.
5. **Applicant's Last Name – First Name – Middle Name.** e.g. "Doe, John Michael". Name should be exactly as it appears on the passport or visa application.
6. **Applicant's Date of Birth.** e.g. "6 May 1965"
7. **Applicant's Place of Birth.** Write the name of the state and country if the applicant is born in the US. Write the name of the country if the applicant was born outside the United States.
- 8.a. **Sponsor's Last Name - First Name - Middle Name.** For spouses and/or family members. Enter the sponsor's name.
- 8.b. **Sponsor's E-mail Address.** Sponsor's official email address.
9. **Sponsor's Military Rank/Civilian Grade.** Military: type letter rank. Civilian: GS rating or equivalent. NAF: Non- Appropriated Fund.
Contractor: Type the word "Contractor".
10. **Sponsor's SSN.** Sponsor's 9-digit Social Security Number.
- 11.a. **Applicant's Current Home Address.** Applicant's permanent residence.
- 11.b. **Home Telephone Number.** Commercial telephone number, including area code.
- 11.c. **Office Telephone Number.** Commercial telephone number, including area code. May also include DSN.

PASSPORT AGENT INFORMATION:

- 12.a. **Passport Agent's Name.** e.g. "Smith, Anna Marie"
- 12.b. **Mailing Address.** Passport Agent's Official Mailing Address. This address must match the information previously submitted to the State Department as the passport agent's official mailing address.
- 12.c. **Agent E-mail Address.** Passport Agent's Official E-mail Address.
- 12.d. **Telephone.** Passport agent's official telephone number.
- 12.e. **Agent ID Code.** Agent ID Number assigned by Department of State.
- 12.f. **Facility ID Number.** Facility ID Number assigned by Department of State.

TRAVEL INFORMATION:

13. **Destination.** Destination must be indicated. The destination determines if the applicant is entitled to a No-fee passport.
14. **Special Assignment Requiring Passport.** See Note. Enter assignment information in this block. If a Diplomatic Passport is requested for this assignment, it should also be indicated in this block. If no special assignment is known, type "N/A."
15. **Passport Will Be Returned To.** A Commercial Address and Commercial Telephone Number are needed for delivery via commercial carriers.
16. **Estimated Date of Departure.** Date applicant is scheduled to leave the country for the assignment indicated.
17. **Proposed Length of Stay.** Total duration of travel for all countries to be visited.

AUTHORIZING OFFICIAL INFORMATION:

- 18.a. **Authorizing Official Name.** Authorizing Official is determined by the Installation Commander. A military passport agent may be the authorizing official.
- 18.b. **Grade.** Military: type 3 letter rank. Civilian: GS rating or equivalent.
- 18.c. **Title.** Official title of the Authorizing Official.
- 18.d. **Mailing Address.** Official mailing address of the Authorizing Official.
- 18.e. **Telephone Number.** Commercial telephone number of the Authorizing Official.
- 18.f. **Signature of Authorizing Official.**
- 18.g. **Date.** e.g. "12 Jan 2013."

ADDITIONAL INFORMATION:

19. **Additional Information.** Indicate any additional information here.

SUSPENSE CONTROL:

For use by Issuing or Receiving Passport Acceptance Agent to track passports and visas. Complete 20- 22 if Passport Agent is different from Authorizing Official and submit with passport or visa application.

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<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, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. 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 your local DoD Passport/Visa Office Acceptance Agent.</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)			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			
<p>*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."</p>					
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	