



# APPLICATION FOR ADDITIONAL VISA PAGES OR MISCELLANEOUS SERVICES

OMB APPROVAL NO. 1405-0159  
EXPIRATION DATE: 12-31-2013  
ESTIMATED BURDEN: 20 MIN

Please Print Legibly Using Black Ink Only

### Attention: Read WARNING on page 1 of instructions

Please select the 52 page option only if you prefer to add 52 visa pages in lieu of the standard 26 extra pages to your passport book. The larger book is appropriate for those who anticipate very frequent travel abroad during the passport validity period and is recommended for applicants who have required the addition of visa pages in the past. **NOTE:** If pages have been added to your passport book previously, we may not be able to accommodate your request.

52 Pages

Blank box for photo or other markings.

VP1  VP2 DOTS Code \_\_\_\_\_

End. # \_\_\_\_\_ Exp. \_\_\_\_\_

### 1. Name as Listed on Passport: Last

\_\_\_\_\_

First

Middle

\_\_\_\_\_

### 2. Date of Birth (mm/dd/yyyy)

\_\_\_\_/\_\_\_\_/\_\_\_\_

### 3. Sex

M  F

### 4. Place of Birth (City & State if in the U.S., or City & Country as it is presently known.)

\_\_\_\_\_

### 5. Social Security Number

\_\_\_\_-\_\_\_\_-\_\_\_\_

### 6. Email Address (e.g. my\_email@domain.com)

\_\_\_\_@\_\_\_\_.\_\_\_\_

### 7. Primary Contact Phone Number

\_\_\_\_-\_\_\_\_-\_\_\_\_

### 8. Mailing Address: Line 1: Street/RFD#, P.O. Box, or URB.

\_\_\_\_\_

Address Line 2: **Clearly label** Apartment, Company, Suite, Unit, Building, Floor, In Care Of or Attention if applicable. (e.g. In Care Of - Jane Doe, Apt # 100)

\_\_\_\_\_

City

State

Zip Code

Country, if outside the United States

\_\_\_\_\_

### 9. Current Passport Number

\_\_\_\_\_

Issue date (mm/dd/yyyy)

\_\_\_\_/\_\_\_\_/\_\_\_\_

### 10. Permanent Address - Street/RFD # or URB (If Mailing Address is not residence - No P.O. Box) Apartment/Unit

\_\_\_\_\_

City

State

Zip Code

\_\_\_\_\_

### 11. Additional Contact Phone Number

\_\_\_\_-\_\_\_\_-\_\_\_\_

Home  Cell  
 Work  \_\_\_\_\_

### 12. Occupation (if age 16 or older)

\_\_\_\_\_

### 13. Employer or School (if applicable)

\_\_\_\_\_

### 14. Emergency Contact - Provide the information of a person not traveling with you to be contacted in the event of an emergency.

Name

Address: Street/RFD # or P.O. Box

Apartment/Unit

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City

State

Zip Code

Phone Number

Relationship

\_\_\_\_\_

### 15. Travel Plans

Date of Trip (mm/dd/yyyy) Duration of Trip

Countries to be visited

\_\_\_\_\_

## YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW

I declare under penalty of perjury all of the following: 1) I am a citizen or non-citizen national of the United States and have not, since acquiring U.S. citizenship or nationality, performed any of the acts listed under "Acts or Conditions" on the reverse side of this application (unless explanatory statement is attached); 2) the statements made on the application are true and correct; 3) I have not knowingly and willfully made false statements or included false documents in support of this application; 4) I have read and understood the warning on page one of the instructions to the application form.

x \_\_\_\_\_  
Applicant's Signature - age 16 and older

\_\_\_\_\_  
Date

x \_\_\_\_\_  
Parent's/Legal Guardian's Signature (if identifying minor)

### FOR ISSUING OFFICE ONLY

Other:

Attached:

Large dashed box for office use.

For Issuing Office Only → Visa Pg Fee \_\_\_\_\_ EF \_\_\_\_\_ Postage \_\_\_\_\_ Other \_\_\_\_\_



\* DS 4085 C 12 2010 1 \*