



APPLICATION FOR ADDITIONAL VISA PAGES OR MISCELLANEOUS SERVICES

Please Print Legibly Using Black Ink Only

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

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
 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:

For Issuing Office Only → Visa Pg Fee _____ EF _____ Postage _____ Other _____



* DS 4085 A 12 2010 1 *