VISA DC AUTHENTICATION REQUEST FORM

A Washington Travel & Passport Visa Services Inc. 1875 Campus Commons Drive, Suite 210, Reston, VA 20191

Phone: 703-435-1422
Toll free #: 1-877-721-7678
Email: info@visadc.com

1. CUSTOMER INFORMATION

Date _____ **Full Name** _____

Company (optional) _____

Mailing Address _____

City _____ **State** _____ **ZIP Code** _____

Country _____ **Phone** _____

Email Address _____

2. SERVICE DETAILS

Country where document(s) will be used: (Cannot be the United States) _____

Service Requested

- ☐ Apostille
- ☐ Authentication
- ☐ Embassy Legalization

Number of Documents _____

Document Type(s)

- ☐ FBI Background Check
- ☐ Birth Certificate
- ☐ Marriage Certificate
- ☐ Death Certificate
- ☐ Divorce Decree
- ☐ Diploma
- ☐ Transcript
- ☐ Power of Attorney
- ☐ Corporate Document
- ☐ Court Document
- ☐ IRS / Federal Document
- ☐ Other

Other document description _____

3. RETURN DELIVERY

- ☐ FedEx 2-Day (U.S.) - $18
- ☐ FedEx Overnight (call for pricing)
- ☐ FedEx International - $60
- ☐ Providing Prepaid Label
- ☐ Office Pickup

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4. PAYMENT METHOD

☐ Credit / Debit Card ☐ Zelle ☐ Payment Link ☐ Check / Money Order

Name on Card _____ **Billing ZIP** _____

Card Number _____ **Expiration** _____

CVV _____

Please note that there is a 3.5% card fee when paying by debit/credit card, and there is a $2 fee when paying by Zelle.

Security note: Do not email a completed form containing credit card information unless instructed by our office. You may request a secure payment link or pay by Zelle.

5. SPECIAL INSTRUCTIONS

6. AUTHORIZATION

I authorize A Washington Travel & Passport Visa Services Inc. to review, transport, submit, retrieve, and return the documents listed on this form for apostille, authentication, or embassy legalization services. I understand that government and embassy processing times are estimates and may change without notice. I certify that the information provided is accurate and that I am authorized to request these services.

☐ I have read and agree to the authorization above.

Typed Signature / Full Name _____ **Date** _____

HOW TO SUBMIT

Save the completed PDF and email it to info@visadc.com, or print and include it with your documents to mail in.

For card payments, contact our office for secure submission instructions or request a payment link.

A WASHINGTON TRAVEL & PASSPORT VISA SERVICES INC WILL NOT BE HELD LIABLE FOR ANY EVENTS BEYOND OUR CONTROL THAT WILL DELAY APPLICANT'S PASSPORT/DOCUMENT AUTHENTICATION DUE GOVERNMENT/EMBASSY DELAYS OR SHIPPING DELAYS. A WASHINGTON TRAVEL & PASSPORT VISA SERVICES INC AND GOVERNMENT/STATE/CONSULAR FEES WILL NOT BE REFUNDED IN THE EVENT OF ANY DELAY THAT MAY OCCUR. GOVERNMENT/STATE/CONSULAR NOTIFICATIONS OF CHANGE AND PROTOCOL MAY CHANGE AT LITTLE OR NO NOTICE.