

<b>AUTHORIZATION TO APPLY FOR A "NO-FEE" PASSPORT AND/OR REQUEST FOR VISA</b>			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><b>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.</b></p>				
1. DATE PASSPORT OR VISA REQUIRED BY APPLICANT (YYYYMMDD) 01 Jan 2017 (10 Days Prior to DEPARTURE DATE)		2. MAJOR SERVICE COMPONENT USMC /NAVY(which applies)		
3. TYPE OF REQUEST (X appropriate box) <input checked="" 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 checked="" 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 SMITH, JOHN DOE		6. APPLICANT'S DATE OF BIRTH (YYYYMMDD) 01 Jan 1984	7. APPLICANT'S PLACE OF BIRTH New Jersey, USA	
8a. SPONSOR'S LAST NAME - FIRST NAME - MIDDLE NAME (For spouses and/or family members) SMITH, JOHN DOE		9. SPONSOR'S MILITARY RANK/ CIVILIAN GRADE E7/GYSGT	10. SPONSOR'S SSN 001 01 0001	
b. SPONSOR'S EMAIL ADDRESS:				
11.a. APPLICANT'S CURRENT HOME ADDRESS (Include ZIP code) **NO UNIT ADDRESS** Barracks Bldg 2209 Rm 210 Camp Pendleton, CA 92055 or 1212 Via Santa Oceanside, CA 92056			b. HOME TELEPHONE NUMBER (Include area code) 619-619-0019	
			c. OFFICE TELEPHONE NUMBER (Include area code/DSN) 760-725-0000	
12.a. PASSPORT AGENT'S NAME (Last, First, Middle Initial) **DO NOT ENTER**		b. MAILING ADDRESS (Include complete physical mailing address, building number, room number, ZIP code) **DO NOT ENTER**		
c. AGENT EMAIL ADDRESS **DO NOT ENTER**		<input type="checkbox"/> X if hold for pickup at the DoD Executive Agent Front Counter		
d. TELEPHONE NUMBER (Include area code) **DO NOT ENTER**	e. AGENT ID **DO NOT ENTER**		f. FACILITY ID NUMBER **DO NOT ENTER**	
13. DESTINATION (Country or countries) ** MUST SEE ** Foreign Clearance Guide	14. SPECIAL ASSIGNMENT REQUIRING PASSPORT* (See Note) If Applicable	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.)  ** DO NOT ENTER**		
16. ESTIMATED DATE OF DEPARTURE (YYYYMMDD) (From country in which applicant is currently residing) 20 Jan 2017	17. PROPOSED LENGTH OF STAY 6 Months			
*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) Adjutant or Admin Chief FILL BLOCKS a-g		<input type="checkbox"/> X if same as item 12.a.	b. GRADE	c. TITLE Adjutant or Admin Chief (E7 above ONLY)
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	